A.2 Part A/ Interim Status

TSD File Inventory Index

Date: March 17,2004
Initial: MKerevas

Facility Name: (Laterpellar), Sec. (Jac)	ret.	Prant - One folder Sites	
Facility Identification Number: /LD DOS	D	70 537	
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status	V	.1 Correspondence	
.1 Correspondence		.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	T	C.1 Compliance - (Inspection Reports)	V
.3 Part A Application and Amendments	TV	C.2 Compliance/Enforcement	1
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications	17
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	V
.1 Correspondence		.1 RFA Correspondence	1
.2 Reports		.2 Background Reports, Supporting Docs and Studies	1
A.4 Closure/Post Closure	T_{V}	.3 State Prelim. Investigation Memos	
.1 Correspondence	1	.4 RFA Reports	Tx
.2 Closure/Post Closure Plans, Certificates, etc	V	D. 2 Corrective Action/Facility Investigation	1
A.5 Ambient Air Monitoring	1	.1 RFI Correspondence	
.1 Correspondence	1	.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Շերօrt	
		5 RFIQAPP	

Telel -1

.6 RFI QAPP Correspondence	.8 Progress Reports
.7 Lab Data, Soil-Sampling/Groundwater	D.5 Corrective Action/Enforcement
.8 RFI Progress Reports	.1 Administrative Record 3008(h) Order
.9 Interim Measures Correspondence	.2 Other Non-AR Documents
.10 Interim Measures Workplan and Reports	D.6 Environmental Indicator Determinations
D.3 Corrective Action/Remediation Study	.1 Forms/Checklists
.1 CMS Correspondence	E. Boilers and Industrial Furnaces (BIF)
.2 Interim Measures	.1 Correspondence
.3 CMS Workplan	.2 Reports
.4 CMS Draft/Final Report	F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)
.5 Stabilization	G.1 Risk Assessment
.6 CMS Progress Reports	.1 Human/Ecological Assessment
.7 Lab Data, Soil-Sampling/Groundwater	.2 Compliance and Enforcement
D.4 Corrective Action Remediation Implementation	.3 Enforcement Confidential
.1 CMI Correspondence	.4 Ecological - Administrative Record
.2 CMI Workplan	.5 Permitting
.3 CMI Program Reports and Oversight	.6 Corrective Action Remediation Study
.4 CMI Draft/Final Reports	.7 Corrective Action/Remediation Implementation
.5 CMI QAPP	.8 Endangered Species Act
.6 CMI QAPP Correspondence	.9 Environmental Justice
1 Las Data - dei Lamping / Krundin che	

Note:	Transmittal	Letter to	Ве	Inclu	bet	with	Repo	rts.
Comn	nents:							

UNITED STATES **ENVIRONMENTAL PROTECTION AGENCY REGION V**

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

> REPLY TO ATTENTION OF: RCRA ACTIVITIES

Mr. B.M. Smith Caterpillar Tractor Co., Inc. P.O. Box 504 Joliet, Illinois 60434

RE: Interim Status Acknowledgement USEPA \ID No. ILD005070537 FACILITY NAME: Caterpillar Tractor Co., Inc.

Dear Mr. Smith:

174 PROTEMPR 1 4 1982

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr.,

Waste Management Branch

4/14/82

Enclosure

Donald F. Dominick



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	LD005070537	REACKNOWLEDGEMENT
·	CATERPILLAR TRA	CTOR CO INC
		가는 사람들은 어머니는 하는 것 같아. 그는 사람들은 사람들은 아니라 아니는 아니는 아니는 사람들은 사람들은 아니는 것이다.
	JOLIET	IL 60434

Form Approved OMB No. 158-S79016

	Market Commence of the Commenc		ES (continued from f			
A. HAZA waste	RDOUS WASTES F from non—specific so	ROM NON—SPECIFIC purces your installation	SOURCES. Enter the the handles. Use additional	our—digit number from I sheets if necessary.	40 CFR Part 261.31 fo	r each listed hazardous
	1	2		4	5	6
	F 0 0 1	F 0 0 6	F 0 0 7	F 0 0 8	F 0 0 9	F 0 1 0
	2	•	9	10	11	12
	F 0 1 2	F 0 1 7	F 0 1 8	23 - 26	23 - 26	-23 - 26
B. HAZA specifi	RDOUS WASTES For industrial sources y	ROM SPECIFIC SOUF your installation handle	CES. Enter the four—des. Use additional sheets	igit number from 40 CF if necessary.	R Part 261,32 for each I	isted hazardous waste fro
	13	14	15	16	17	18
	23 - 26	23 25	25 26	23 - 26	23 - 26	23 - 26
	23 - 26	23 - 26	23 26	23 26	23 - 24 29	30
	25	26				
C. COMN	ZE Z	23 26 L PRODUCT HAZAR ndles which may be a f	DOUS WASTES, Enter nazardous waste. Use ad	the four—digit number ditional sheets if necessa	23 - 26 from 40 CFR Part 261.3 ry.	3 - 26 3 for each chemical sub-
	31	32	33	34	35	36
	23 - 25	23 - 25	23 - 26	23 - 26	23 26	23 25
	37	38	39	40	41	
	23 - 26	23 - 26	23 26	23 - 26	23 - 26	23 - 26
	23 26	23 - 26	23 - 26	23 26	23 - 26	23 - 26
D. LISTE hospit	ED INFECTIOUS WA als, medical and rese	ASTES. Enter the four arch laboratories your	—digit number from 40 installation handles. Us	CFR Part 261.34 for eac e additional sheets if nec	ch listed hazardous wast essary.	e from hospitals, veterinal
	49	50	51	52	53	54
		73 - 26	23 - 26		73 - 26	23 - 26
E. CHAF	IACTERISTICS OF dous wastes your inst	NON-LISTED HAZA	RDOUS WASTES. Mark 40 CFR Parts 261.21 —	"X" in the boxes corre 261.24.)	sponding to the characte	ristics of non-listed
	X 1. IGNITABI (D001)		₹ 2. CORROSIVE 002)	☐3. REAC (D003)	TIVE	☑4. TOXIC (D000)
X. CER	TIFICATION					
I certi attachi I belie	fy under penalty ed documents, an ve that the submi	d that based on my tted information is	inquiry of those ind	lividuals immediately omplete. I am aware	responsible for obta	bmitted in this and al nining the information icant penalties for sub
SIGNATI		. Mill	NAMESOF	MANAGE	orint) CER	B/S/SO
EDA E-	m 8700-12 (6-80) F	REVERSE	- King			

The state of the s

CATERPILLAR INC.

Joliet, Illinois 60434-0504

August 8, 1989

R.C.R.A. Section Region 5 United States Environmental Protection Agency 230 South Dearborn St. Chicago, IL 60604

Gentlemen:

Revision of Part A; ILD005070537

Enclosed is the revised Part A form for this Joliet facility. Please replace the FORM 3 pages with the enclosed ones. This will show the addition of lines 15 thru 26 on page 3A for various lab pack of laboratory chemicals. All other information and documents should remain the same.

Sincerely

Dung Kurther 8/23/84

Environmental Coordinator

GMKantner Plant Engineering - B05 Tel.: 815-729-6270 rcrarev.doc

encl.

cc: Permit Section Division of Land Pollution Control Illinois Environmental Protection Agency 2200 Churchill Road Springfield, Illinois 62706

U. S. EPA, REGION V SWB - PMS

Continued from page 2.

NOTE: Photocopy this page before completing

ou have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

w I					5 0 7 0 5 3 7 1			5 W				D U P	IAC OSE O	T/A C D U P
ــا			٠.		ON OF HAZARDOUS WASTE	ES (c	onti	L	_		dens with surface	i i k		13 14 15 23 - 26
Ш	Н	A.I	AR	D.	B. ESTIMATED ANNUAL	OF	INIT MEA). PROCESSES
NE.		AS7 nter		de)	QUANTITY OF WASTE	(c)	iter de)	1			1. PROCE (en	ter)		2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)
1	F	0	0	6	1500	1 [Γ		0	T	27 - 29	27 - 29	27 - 29	
2	F	0	0	5	30		Γ	S	0	1	j			
3	F	0	0	3					T	T				Included with above
4	D	0	0	1	15	,	Г		0	1				
5	D	0	0	3	15	,	Г	ì	0	1			, ,	
6	D	0	0	7	240		Γ		0	1	1 1	1 1		
7	D	0	0	2				ļ	, ,	·	, .			Included with above
8	D	0	0	2	50		Г	S	0		, ,			
9 ::	D	0	0	7	30	ļ,	г	S	0	1	, ·	, ,		
10	D	0	0	8										Included with above
11	D	0	0	2						· -				Included with above
	D	0	0	9	50		G	s	0		1 1			Lab Pack
13	U	2	2	6	50		G	s	0	_1				Lab Pack
14	F	0	0	1	1100		G	s	0	1		- :	-	Solvent Used for Electrical Equipment.
15	D	0	0	3	50	(3	S				· · · · · · · · · · · · · · · · · · ·		Lab Pack
16	D	0	0	4	50	(3	S	0		' ' 			Lab Pack
17	D	0	0	5	50	(3	s		1	, ,	1 1		Lab Pack
18	D	0	0	6	50	(3	S		1	1			Lab Pack
19	D	0	0	8	30.45 (\$2.50 to \$1.50	- (3	S		1		1 1	1	Lab Pack
20	P	0	2	9	50		3	S		1	, ,	1 '		Lab Pack
21	P	1	0	4	50	C	}	s		1	, ,	7 1		Lab Pack
22	P	I	0	6	50	C	}	S		1	, , , , , , , , , , , , , , , , , , ,	· · ·		Lab Pack
23	Р	1	2	0	50	C	3	S		1	' '			Lab Pack
21	U	1	2	2	50		;	S		1		· · ·		Lab Pack
25	U	1	8	8	50	C	3	S		1	· '	· '		Lab Pack
26	U 23	2	3	8	50		7 7 16	į		1 29	27 - 29	27 - 29]	Lab Pack

Continued from the front.		Andreas and motor	
IV. DESCRIPTION OF HAZARDOUS WASTES (cc	nued)		
E. USE THIS SPACE TO LIST ADDITIONAL PROC	ESS CODES FROM ITEM D(1) ON P	AGE 3.	•
		·	-
·			·
			•
	•		
			•
·			
	•		
			· · · · · · · · · · · · · · · · · · ·
EPA I.D. NO. (enter from page 1)			•
S T T T T T T T T T T T			
FILD0050705376			
V. FACILITY DRAWING	Brown as a company of the set Constitution of the		
All existing facilities must include in the space provided on	one 5 a scale drawing of the facility (see ins	tructions for more detail	
	bage 3 a scale drawing of the facility (see ins	tracaons for more details.	A STORY THE CONTRACT OF THE STORY OF THE STORY OF
VI. PHOTOGRAPHS	Strengther is a private manager to		
All existing facilities must include photographs (aeric	<i>al or ground—level)</i> that clearly delinea	ite all existing structure	s; existing storage,
		تفملت متستست سماء بتناساتها بالتعاد	그렇게 얼마하다 그 그는 그는 그는 그는 그는 그를 먹는 것 같다.
treatment and disposal areas; and sites of future stor	age, treatment or disposal areas <i>(see in</i>	structions for more deta	ail).
treatment and disposal areas; and sites of future stor VII. FACILITY GEOGRAPHIC LOCATION	ro difference virgana de circo, el c	structions for more deta	Service and the service of the service of
	podistantina soprania discussi.	structions for more deta NGITUDE (degrees, minute	Service and the service of the service of
VII. FACILITY GEOGRAPHIC LOCATION	podistantina soprania discussi.	structions for more deta	Service and the service of the service of
VII. FACILITY GEOGRAPHIC LOCATION	podistantina soprania discussi.	structions for more deta	Service and the service of the service of
VII. FACILITY GEOGRAPHIC LOCATION	podistantina soprania discussi.	structions for more deta	Service and the service of the service of
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER	Loi	NGITUDE (degrees, minute	s, & seconds) 0 3
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71	Loi	NGITUDE (degrees, minute	s, & seconds) 0 3
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below.	bisted in Section VIII on Form 1, "General II	Structions for more details of the structions for more details of the structure of the stru	s, & seconds) 0 3
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I	bisted in Section VIII on Form 1, "General II	Structions for more details of the structions for more details of the structure of the stru	s, & seconds) 0 3
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility operator as I in the facility owner is not the facility owner in the facility owner is not the facility owner in the facility owner is not the facility owner in the facility owne	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the	STRUCTIONS for more details of the structions for more details of the structure of the stru	s, & seconds) 0 3
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACILITY	bisted in Section VIII on Form 1, "General II	STRUCTIONS for more details of the structions for more details of the structure of the stru	in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL E	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the	STRUCTIONS for more details and structions for more details an	in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL 1. NAME OF FACIL 5 16	isted in Section VIII on Form 1, "General li sted in Section VIII on Form 1, complete th	STRUCTIONS for more details and structions are structed as a struction of the structure of the st	in the box to the left and PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as II 1. NAME OF FACIL C E 15 15 3. STREET OR P.O. BOX	isted in Section VIII on Form 1, "General li sted in Section VIII on Form 1, complete the ITY'S LEGAL OWNER	STRUCTIONS for more details and structions are structed as a struction of the structure of the st	in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as II 1. NAME OF FACIL C E 15 15 3. STREET OR P.O. BOX	isted in Section VIII on Form 1, "General Insteed in Section VIII on Form 1, complete the ITY'S LEGAL OWNER 4. CITY OR TOWN	STRUCTIONS for more details and structions are structed as a struction of the structure of the st	in the box to the left and PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL G. E 15 16 3. STREET OR P.O. BOX	isted in Section VIII on Form 1, "General li sted in Section VIII on Form 1, complete the ITY'S LEGAL OWNER	STRUCTIONS for more details and structions are structed as a struction of the structure of the st	in the box to the left and PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL C E 1. NAME OF FACIL S IS 16 S IS 16 S IS 16 S IS 18 S	isted in Section VIII on Form 1, "General Instead in Section VIII on Form 1, complete the ITY'S LEGAL OWNER 4. CITY OR TOWN	NGITUDE (degrees, minute) 8 8 0 8 72 74 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 75 75	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL GE 1. NAME OF FACIL S IS 16 1. STREET OR P.O. BOX GIVEN BOX I Certify under penalty of law that I have personally	isted in Section VIII on Form 1, "General Insteed in Section VIII on Form 1, complete the ITY'S LEGAL OWNER 4. CITY OR TOWN C G 45 15 16	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL C E IS 16 1X. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III on Form 1, complete the sted in Section VIII on	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached on, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL 1. NAME OF FACIL 5 16 1. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III on Form 1, complete the sted in Section VIII on	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached on, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL C E IS 16 1X. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III of Section VIII on Form 1, complete the sted in Section	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached on, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL 1. NAME OF FACIL 5 16 1. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III of Section VIII on Form 1, complete the sted in Section	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached on, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as Ii 1. NAME OF FACIL S 15 16 1 S 16 1 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type)	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III 4. CITY OR TOWN C G A3 15 15 examined and am familiar with the infinite individuals immediately responsible for the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached fon, I believe that the grales information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 67 68 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as II 1. NAME OF FACIL G F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III 4. CITY OR TOWN C G A3 15 15 examined and am familiar with the infinite individuals immediately responsible for the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached fon, I believe that the grales information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL GE IS 16 3. STREET OR P.O. BOX GE IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III 4. CITY OR TOWN C G A3 15 15 examined and am familiar with the infinite individuals immediately responsible for the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General III in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted in Section VIII on Form 1, "General II in the sted	NGITUDE (degrees, minute)	in the box to the left and PHONE NO. (area code & no.) 6. ZIP CODE this and all attached fon, I believe that the grales information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 5 65 65 65 65 65 65 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as II 1. NAME OF FACIL C E	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III of Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted i	NGITUDE (degrees, minute) 8 8 0 8 72 74 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 72 75 76 75 76 75 76 75 76 75 76 75 76 75 75	in the box to the left and PHONE NO. (area code & no.) 1.
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL 1. NAME OF FACIL S 16 3. STREET OR P.O. BOX F 12 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally I certify under penalty of law that I have personally I certify under penalty of law that I have personally	isted in Section VIII on Form 1, "General II sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, complete the sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, "General III sted in Section VIII on Form 1, complete the sted in Section VIII	Structions for more detaining the information submitted in sormation submitted s	in the box to the left and PHONE NO. (area code & no.) BE STATE CODE this and all attached for, I believe that the gralse information, TE SIGNED (2 2) this and all attached
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL 1. NAME OF FACIL S 16 1. NAME OF FACIL IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in documents, and that based on my inquiry of those in documents, and that based on my inquiry of those in documents, and that based on my inquiry of those in documents, and that based on my inquiry of those in the print of the personally documents, and that based on my inquiry of those in the personal type in th	isted in Section VIII on Form 1, "General listed in Section VIII on Form 1, complete the Sted in Section VIII on Form 1, complete the STY'S LEGAL OWNER 4. CITY OR TOWN 4. CITY OR TOWN 6. SIX NATURE Examined and am familiar with the infinite of the sted in the sted i	Structions for more detaining the information submitted in obtaining the information obtaining t	in the box to the left and PHONE NO. (area code & no.) Seconds: PHONE NO. (area code & no.) Seconds: 6. ZIP CODE A7 S1 this and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL GEORGE IS 16 3. STREET OR P.O. BOX GEORGE IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of the second print of type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete the personal perso	isted in Section VIII on Form 1, "General listed in Section VIII on Form 1, complete the Sted in Section VIII on Form 1, complete the STY'S LEGAL OWNER 4. CITY OR TOWN 4. CITY OR TOWN 6. SIX NATURE Examined and am familiar with the infinite of the sted in the sted i	Structions for more detaining the information submitted in obtaining the information obtaining t	in the box to the left and PHONE NO. (area code & no.) Seconds: PHONE NO. (area code & no.) Seconds: 6. ZIP CODE A7 S1 this and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I i. NAME OF FACIL G. E. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	isted in Section VIII on Form 1, "General listed in Section VIII on Form 1, complete the Sted in Section VIII on Form 1, complete the STY'S LEGAL OWNER 4. CITY OR TOWN 4. CITY OR TOWN 6. SIX NATURE Examined and am familiar with the infinite of the sted in the sted i	Structions for more detaining the information submitted in obtaining the information obtaining t	in the box to the left and PHONE NO. (area code & no.) Seconds: PHONE NO. (area code & no.) Seconds: 6. ZIP CODE A7 S1 this and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I 1. NAME OF FACIL GEORGE IS 16 3. STREET OR P.O. BOX GEORGE IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of the second print of type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete the personal perso	isted in Section VIII on Form 1, "General listed in Section VIII on Form 1, complete the Sted in Section VIII on Form 1, complete the STY'S LEGAL OWNER 4. CITY OR TOWN 4. CITY OR TOWN 6. SIX NATURE Examined and am familiar with the infinite of the sted in the sted i	AGITUDE (degrees, minute) 8 8 0 8 72 75 76 77	in the box to the left and PHONE NO. (area code & no.) Seconds: PHONE NO. (area code & no.) Seconds: 6. ZIP CODE A7 S1 this and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the left and all attached fon, I believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as I skip to Section IX below. B. If the facility owner is not the facility operator as I i. NAME OF FACIL G. E. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	isted in Section VIII on Form 1, "General Instead in Section VIII on Form 1, complete the ITY'S LEGAL OWNER 4. CITY OR TOWN 4. CITY OR TOWN 4. CITY OR TOWN 6. G 6. SIENATURE 8. SIENATURE examined and am familiar with the infinite of the infinite o	AGITUDE (degrees, minute) 8 8 0 8 72 75 76 77	in the box to the left and PHONE NO. (area code & no.) BE SIGNED (22) this and all attached ton, I believe that the notation, The signed that the notation is a signed to the left and all attached ton, I believe that the notation,

CONTINUE ON PAGE 5



CATERPILLAR INC.

Joliet, Illinois 60434

1 112

MAK 2 6 1988

February 16, 1988

LFR 5 2 1888

SOLIU WASTE BRANCH

U.S. EPA, REGION V

PA LINIS

R.C.R.A. Section
Region V
United States Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

cc: Carrie L. Agrall
Environmental Protection Engineer
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Re: Revised Part A ILD 005070537

Gentlemen:

Enclosed is the revised part A form for this Joliet facility with the misplaced pages. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

my Horas 2123/08

Gary Kantner

Environmental Coordinator

815-729-6270

bc/gk021688

ILD 005070537 Caterpillar Inc. Channahon Rd., Rt. 6 February, 1988 - Part A Revision

Form 1:

No Change

Form 3:

IV. Description of Hazardous Waste: Added waste numbers D009 and U226.

OLIET

C. CITY OR TOWN

W

ILL

E. ZIP CODE

6 0 4 3

I L

if known

CONTINUED FROM THE ERONT		w)	·
CONTINUED FROM THE FRONT VII SIC CODES (4-digit, in order of priority)			
A. FIRST	The state of the s	8, SECOND	
3.5.3.1 EARTHMOVING EQUIPMENT COMPANIES	(specif)	,	44.
C. THIRD	2 15 16 - 15	D, FOURTH 🗽 🗥	•
(specify)	specify (specif)	y) 	
VIII, OPERATOR INFORMATION	75 Ye - 15		
A. NAMI			B. Is the name listed in
8 CATERPILLAR INC.			Item VIII-A also the Owner?
O CATERTIBEAR INC.			X YES INO
C. STATUS OF OPERATOR (Enter the appropriate letter into the	e answer box; if "Other", specify.	.j D. PHONE (di	rea code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	(specify)	A 3 0 9 6	7 5 1 0 0 0
E. STREET OR P.O. BOX	,,,,,,,		
1, 0, 0, N, E, A, D, A, M, S,			
F. CITY OR TOWN	G:STATE H. ZIF		
B PEORIA.	''' I L 6 1	6 2 9 Is the facility located (on Indian lands?
	80 (81 42 47	- 52 - 51	
X, EXISTING ENVIRONMENTAL PERMITS	Bankston of a September 1971		11.800.000
A. NPDES (Discharges to Surface Water) D. PSD (Air En	nissions from Proposed Sources)		
9 N I I L O O 1 7 3 2 9 P		30.	
B. UIC [Underground Injection of Fluids] E.	OTHER (specify)	The second secon	16 C 20 3 4 15 15 15 15 15 15 15 15 15 15 15 15 15
9 0		(specify)	
10 10 17 11 10 17 11 10 11 11 11 11 11 11 11 11 11 11 11	OTHER (specify)	[0]	
9 R 9		(specify)	
15 (6 17 18 30 16 16 17 18 KL MAP			
Attach to this application a topographic map of the area exten	idiog to at least one mile beyo	and property bounderies. The	a fould milet show
the outline of the facility, the location of each of its existing	and proposed intake and dis	scharge structures, each of its	hazardous waste
treatment, storage, or disposal facilities, and each well where water bodies in the map area. See instructions for precise requir		i. Include all springs, rivers a	ind other surface
XII. NATURE OF BUSINESS (provide a brief description)			
м. 5			
Manufacture of:			
Earthmoving equipment and component	ts.	1	
	•	•	
	even a series of the series of		
			·
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have personally examined attachments and that, based on my inquiry of those person application, I believe that the information is true, accurate an false information, including the possibility of fine and imprison	is immediately responsible fond and complete. I am aware that	or obtaining the information	contained in the
A. NAME & OFFICIAL TITLE (type or print) B. S.	IGNATURE	{ C. D∕	ATE SIGNED
John M. Barrowman, Plant Manager			Ì
COMMENTS FOR OFFICIAL USE ONLY			

T|0|3

s |0 |1

2

3

4

6

7

8

9

10

E

G

20

57,000

III	PR	OCE	2722	(continued)	į
111	1 1	ULE	aa ba	ICOMMUNEC	

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code~``T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ä	ENGLISH UNIT OF	MEASURE	CODE	METI	RIC UNIT OF MEASI	JRE CODE
-	POUNDS			KILC	GRAMS	
	TONS.		19.10.23.23.2 1	MET	RIC TONS	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

X Marie Mari			EP#			C. UNIT		
LINE NO.	W	\S1	AR FE I	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	-
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2			included with above	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

		1.0	N	UM	BER (enter from page 1)	\.	/						F	OR	OF	FIC	IAL U	JSE C	DUTA SECTION OF THE PROPERTY O
5 W I	L	D	0	0	5 0 7 0 5 3 7 1	/	\		y W	2				D	<u>U</u> I	P			13 14 15 23 - 26
IV. I					N OF HAZARDOUS WASTI	T			uec	1)	\geq			81	W.C.	£+.5	Seq.	_	
LINE NO.	H / W A (er	L. E Z. ST ter	AR En	D. 10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	O F	UN UN ent	EA- er				1. PF	(er	nter)			·	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	23 F	0	0	6	1500		36 T		27 T	0		27	- 29	27	T	29	27 -	1 29	
2	F	0	0	5	30		Т		S		1.	T T	1		I		ı	T	·
3	F	0	0	3					-						Τ	1			Included with above
4	D	0	0	1	15		Т		S	0	1	1	i						·
5	D	0	0	3	15		Т		S	0		<u>'</u>	ī		T			'	
6	D	0	0	7	240		Т		s	0			'		1			·	
7	D	0	0	2	·				'			,	'		,			•	Included with above
8	D	0	0	2	50		Т			0		<u>'</u>	<u>'</u>	_	· -	r		·	
9	D	0	0	7	30	_	T		S		1	·	: ::	_	· · · · · ·			·	
10	D	0	0	8									:: 					33 A	Included with above
11	D	0	0	2				Part 1			F.		: 1		·			· .	Included with above
12	D	0	0	9	50		Р	21	S	0								1	Lab Pack
13-	Ū	2	2	6	1		Т		s	0	1	1.	. 1		1	τ.			Lab Packs
14	F	0	0	1	1000		P		S	0		· · · · · · · · · · · · · · · · · · ·	· 1	_	1				
15		-																	
16										- 1			·		T		1		
17		_											1		1				
18						 				1					-			T	
19													-,-			No.		1	Papaghas santas.
20		_													T				
21		_											r -		T		· · · · ·		
22						-							_		1		Т		į
23													-т-	1	i		 		
24				4					<u> </u>	<u>-</u>			· 1		, -		 		
25						_							•		· 		1		
26					:												<u> </u>		

C spindes from the nont.			· · · · · · · · · · · · · · · · · · ·
IV. DESCRIPTION OF HAZARDOUS WAS.			
E. USE THIS SPACE TO LIST ADDITIONAL	, PROCESS CODES FROM ITEM D(1)	ON PAGE 3.	•
•			
		•	
·			•
	•		
•			
EPA I.D. NO. (enter from page 1)			
<u> </u>			
FILD 0 0 5 0 7 0 5 3 7 6			•
TACH ITY DRAWING	the second secon		
V. FACILITY DRAWING			
All existing facilities must include in the space provide	ded on page 5 a scale drawing of the facility (s	ee instructions for more a	etaii).
VI. PHOTOGRAPHS	1. 17. 1人可以提供的關係的可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以	+ 10. + 11.	
All existing facilities must include photograph			
treatment and disposal areas; and sites of futu	re storage, treatment or disposal areas <i>(s</i>	ee instructions for moi	re detail).
VII CILITY GEOGRAPHIC LOCATION	🛂 jako jakokkoji 1849 johilosti ir ja pratti filologiji nova esing taskipulajo j		
LATITUDE (degrees, minutes, & s	econds)	LONGITUDE (degrees,)	minutes, & seconds)
4 1 2 9 0 5		8 8 1 0	3 0 3
VIII. FACILITY OWNER	71	72 - 74 75	76 77 - 79
X A. If the facility owner is also the facility opera	tor as listed in Section VIII on Form 1, "Gen	eral Information", place a	n "X" in the box to the left and
skip to Section IX below.			Abrilande Maria Ingrae de La Carlo de El carlo de Carlo de La Ca
B. If the facility owner is not the facility opera	tor as listed in Section VIII on Form 1, compl	late the following items:	• •
many of the lacinty opera	tor as histed in section viii on Form 1, compr	ete the ronowing items.	
1. NAME OF	FACILITY'S LEGAL OWNER		2. PHONE NO. (area code & no.)
Ē			
ti			
3. STREET OR P.O. BOX	4. CITY OR T		56 - 58 59 - 61 62 - 65 ST. 6. ZIP CODE
	2. CITT OR I	OWN 3.	31. 8. ZIF CODE
F	G		
3 16 -	45 15 16	40 41	47 - 51
IX. OWNER CERTIFICATION	and the control of the second	and the second	
I certify under penalty of law that I have person	onally examined and am familiar with th	e information submitte	ed in this and all attached
documents, and that based on my inquiry of the	hose individuals immediately responsible	e for obtaining the info	rmation, I believe that the
submitted information is true, accurate, and co		icant penalties for subi	mitting false information,
including the possibility of fine and imprisonn	nent.		
A. NAME (print or type)	S. SIGNATURE		. DATE SIGNED
VI -7/			18 102
John M. Barrowman, Plant Mans	ager MACOMO	va_	2/16/XA
	- 11 11.4.2.1.00	Charles and Charle	110100
X, OPERATOR CERTIFICATION			
I certify under penalty of law that I have person	onally examined and am familiar with th	e information submitte	ed in this and all attached
doci its, and that based on my inquiry of to	hose individuals immediately responsible	e for obtaining the info	rmation, I believe that the
submiced information is true, accurate, and co	omplete. I am aware that there are signif	icant penalties for sub	mitting false information,
including the possibility of fine and imprisona			·
A. NAME (print or type)	BISIGNATURE		DATE CICKET
···· · · · · · · · · · · · · · · · · ·	S. S	,	C. DATE SIGNED
John M. Barrowman, Plant Mana	ager / We AM ONTO	ye !	12/16/88

€PA Form 3510-3 (6-80)

CONTINUE ON PAGE 5



CATERPILLAR INC.



Joliet, Illinois 60434

K

July 8, 1987

6, TSD, PA

R.C.R.A. Section SWB REGION V
Region V
United States Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

cc: Robert A. Carson
Environmental Protection Engineer
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706



Gentlemen:

Enclosed are revised part A forms for the two Joliet facilities. Please replace the previous information with the enclosed information. All other information and documents should remain unchanged.

These changes update the current practices.

Hay Kantner
Gary Kantner
Environmental

Environmental Coordinator

815-729-6270

bc/gk070887

ILD 005070537 Caterpillar Inc. Channahon Rd., Rt. 6 July, 1987 - Part A Revision

Form 1:

III, IV, and V updated

Form 3:

IIB: This is a revised application.

IIIC: Process Codes

S02 (5000 gallon tank) is a process tank that has never been used for "waste" and so is being removed from the application.

TO1 (75,000 gallon/day) is part of N.P.D.E.S. permit and so is removed from the application.

IV. Description of Hazardous Waste:

Due to process changes and clarification delete F001, F007, F008, F009, F010, F012, F017, F018.

Replace with F006, F005/F003, D001, D003, D007/D002, D007/D008/D002.

Waste streams D002 and F006 had volume changes.

Please print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 characters are spaced		Form Approved OMB No. 158-R0175
SEPA GEN	ONMENTAL PROTECTION AGENCY IERAL INFORMATION onsolidated Permits Program 'General Instructions'' before starting.)	EPA I.D. NUMBER 5
LABEL ITEMS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross
HI. FACILITY NAME		through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the
V MAILING ADDRESS PLEASE PL	ACE LABEL IN THIS SPACE	left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which
VI. FACILITY LOCATION		must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
II. POLLUTANT CHARACTERISTICS		
INSTRUCTIONS: Complete A through J to determine questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no is excluded from permit requirements; see Section C of the	ntal form listed in the parenthesis following the que " to each question, you need not submit any of thes	stion, Mark "X" in the box in the third column be forms. You may answer "no" if your activity
SPECIFIC QUESTIONS	MARK 'X' YES NO ATTACHED SPECIFIC G	UESTIONS MARK 'X' YES NO FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. (FORM 2A)	X include a concentrated a squatic enimal production discharge to waters of the	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	D. Is this a proposed facility	will result in a discharge to
E. Does or will this facility treat, store, or dispose or hazardous wastes? (FORM 3)	F. Do you or will you inject municipal effluent below taining, within one qua	t at this facility industrial or the lowermost stratum con- inter mile of the well bore, rinking water? (FORM 4) 31 32 33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surfact in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquids.	H. Do you or will you injectial processes such as multiple process, solution mining tion of fossil fuel, or recognitions.	t at this facility fluids for spe- ining of sulfur by the Frasch of minerals, in situ combus- covery of geothermal energy?
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which i one of the 28 industrial categories listed in the in structions and which will potentially emit 100 ton	J. Is this facility a propose NOT one of the 28 indicates instructions and which we	od stationary source which is sustrial categories listed in the will potentially emit 250 tons ant regulated under the Clean
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in a attainment area? (FORM 5) III. NAME OF FACILITY	Air Act and may affect of area? (FORM 5)	or be located in an attainment
1 SKIP CATERPILLAR INC		69
A. NAME & TITLE (last,		PHONE (area code & no.)
11.11	COORDINATOR 81	
V. FACILITY MAILING ADDRESS A. STREET OR P.C.	2. BOX	
3 B 0 5 P 0 B o x 5 0 4	43	
B. CITY OR TOWN 4 Joliet, , , , , , , , , , , , , , , , , , ,	C-STATE D. ZIPCOI	
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER		
5 Channahon R.D., R.T.	6	
B. COUNTY NAME Will	11111111	
c.city or town 5 J. o. l. i. e. t	D.STATE E. ZIP CO	

CONTINUED FROM THE FRONT			
VII. SIC CODES (4-digit, in order of priority)			
A. FIRST	<u> </u>	B. SE (specify)	COND
3,5,3,1 EARTHMOVING EQUIPMENT COMPANIES	7	(apecody)	All of the second of the secon
C. THIRD	15 16 -	D. FC	URTH
(specify)	- E I I	(specify)	Company of the Compan
(8 / / /) (9	7.4 11.2 16.2 / 2.5 1	1	
VIII, OPERATOR INFORMATION			B. Is the name listed in
A. NAM c TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	AE TTTTT	T T T T T T T	Item VIII-A also the
8 C.A.T.E.R.P.I.L.L.A.R. I.N.C.			owner?
19 14 -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	66 A CONTRACTOR OF THE CONTRAC
G. STATUS OF OPERATOR (Enter the appropriate letter into to	he answer box; if "Oti	ter", specify.)	D. PHONE (area code & na.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	P (specify)	A	3 0 9 6 7 5 1 0 0 0
P = PRIVATE	56	<u> </u>	10 - 10 10 - 21 22 - 20
E, STREET OR P.O. BOX	-, , , , , , , , , , , , , , , , , , , 	, , , 	
1 0 0 N E A D A M S			
F, CITY OR TOWN	G,ST	ATE H. ZIP CODE IX, IN	DIAN LAND
	1 1 1 1		facility located on Indian lands?
B P, E, O, R, I, A, , , , , , , , , , , , , , , , ,	I	L 6,1,6,2,9	YES X NO
35 I6 ·	40 41	42 47 - 31	
X. EXISTING ENVIRONMENTAL PERMITS			
	Emissions from Propos	TTTT	
9 N I L 0 0 1 7 3 2 9 P		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15 16 17 18 - 20 15 16 17 18 B. UIC (Underground Injection of Fluids)	E. Отне <i>н (specify)</i>	30	
		(specify)	
9 U 9 15 16 17 16 - 30 15 16 17 19		30	
C. RCHA (Hazardous Wastes)	E. OTHER (specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9 R 15 16 17 34 50 15 16 15 18	<u>, e e e e e e e e e e e e e e e e e e e</u>	(specify)	
XI, MAP		.30	
Attach to this application a topographic map of the area exte	inding to at least on	e mile beyond property	houndaries. The man must show
the outline of the facility, the location of each of its existing			
treatment, storage, or disposal facilities, and each well where	e it injects fluids u		
water bodies in the map area. See instructions for precise requ	urements.		
XII. NATURE OF BUSINESS (provide a brief description)			
Manufacture of:	reas de la company de la c La companya de la companya del companya de la companya del companya de la companya del companya del companya de la companya del companya de la companya del	Paging and a single section of the single section in the single se	, in the residence of Charlest State of the
Earthmoving equipment and compon	ents.		
			the state of the s
and the second of the second o	Mesan nemakan		
para di kantan di dikaka kalendara di kantan di kantan kantan kantan kantan kantan kantan kantan kantan kantan Kantan kantan kanta			
	anno anteriori dell'anno anteriori		
XIII. CERTIFICATION (see instructions)			. On the contract of the contr
I certify under penalty of law that I have personally examine			
attachments and that, based on my inquiry of those perso application, I believe that the information is true, accurate a			
false information, including the possibility of fine and impriso			
A. NAME & OFFICIAL TITLE (type or print)	SIGNATURE		C. DATE SIGNED
	- LOKATT	200 AD	1.28.87
John M. Barrowman, Plant Manager	712	, , , , , , , , , , , , , , , , , , , ,	
COMMENTS FOR OFFICIAL USE ONLY			
	popular of activities and subject to seem account and	Tall to allow trapes in something will encount investigate astronal socie-	STATE DESCRIPTION OF THE PROOF
EPA Form 3510-1 (6-80) REVERSE			1

4

10

C. SP	ACE	FO	R A	DE	DITIONAL PROCESS CODES OF CAPACITY.	RF	OF	R DI	ESC	RI	BIN	IG	0	TH	ER	? PI	ROCES	SES	(code	11	'T04"). FOR EACH PROCESS ENTERED HERE
					*																
					ě																
					- In-in-in-																
7. E	ESC	R	IPTI	0	N OF HAZARDOUS WASTE	S	>		LOE.		Ç!	100	13	(S)		123	SAC		No. Care	8	
EP	A H	AZ	ARC	00	US WASTE NUMBER - Enter	the	fo	our-	-digi	t r	nun	be	er	fro	m	40	CFR,	Subp	part D	fo	or each listed hazardous waste you will handle. If you from 40 CFR, Subpart C that describes the characteris-
					wastes which are not listed in a xic contaminants of those hazard					ar	T D	, e	nı	er	ne	TOI	ur—aigi	t nu	mperis	S)	from 40 CFH, Subpart C that describes the characteris
ba	sis, F	or	each	cl																	antity of that waste that will be handled on an annua intity of all the non—listed waste/s/ that will be handled
						ad i	n	colu	ımn	D	ont	OF	41	20	(mi)	+ 0	f mann	1100 0	odo I		nits of measure which must be used and the appropriate
	des ar			101	one - For each quantity enter	eu i	11.1	COTO	111111	D	CIT	CI	CI	16	41111		Hiedsi	ure c	ode, c	011	ints of measure which must be used and the appropriate
					GLISH UNIT OF MEASURE					_	OD	E					The state of the state of	A STATE OF THE PARTY OF THE PAR	Total Control of the Paris of the	100	OF MEASURE CODE
					JNDS																, , , , , , , , , , , , , , , , , , ,
											e u	nit	ts	of	me	asu	ire mus	t be	conver	rte	ed into one of the required units of measure taking into
			5	pro	opriate density or specific gravity	OT	th	e wa	aste.												
		CE	ESS (DES:																
	to in	di	cate	ho	w the waste will be stored, treate	d, a	and	d/or	disp	oos	ed	of	81	th	e fa	acil	ity.				le(s) from the list of process codes contained in Item II
																					nn A, select the code(s) from the list of process code ose of all the non-listed hazardous wastes that posses
	Note	9:	Fou	ır																	first three as described above; (2) Enter "000" in the
	extr	em	e rig	ht	box of Item IV-D(1); and (3) En	ter	in	the	spac	e p	pro	vic	de	d o	n pa	age	4, the	line	numbe	er	and the additional code(s).
2.	PRO	CI	ESS I	DE	SCRIPTION: If a code is not lis	ted	fo	rap	proc	ess	tha	at 1	wi	III E	e u	isec	d, descr	ibe t	he pro	000	ess in the space provided on the form.
					US WASTES DESCRIBED BY I													S WA	ASTE	NI	UMBER — Hazardous wastes that can be described by
	Sele	ct	one	of		ers	an	nd er	nter	it	in c	ol	ur	nn	A. (On	the sar	ne li	ne con	np	plete columns B,C, and D by estimating the total annua
2.	in c	olt	ımn	A	of the next line enter the other h above" and make no other entr	EP,	A	Haz	ardo	ous	Wa	est	e	Nu	mb	er er	that ca	in pe	used	to	o describe the waste. In column D(2) on that line enter
3.					for each other EPA Hazardous V						at c	an	b	e u	sed	d to	descri	be th	ne haza	arc	dous waste.
																					cility will treat and dispose of an estimated 900 pounds
e co	rrosiv	/e	only	ar	nd there will be an estimated 20	0 p	ou	ınds	per	YE	ear	of	е	ach	VV	aste	e. The	othe	r wast		reat and dispose of three non—listed wastes. Two waster is corrosive and ignitable and there will be an estimated
)0 p	ound A.	_	-	ar	of that waste. Treatment will be	1		Inci	1	to	rar	id	di	SDC	sal	vvi	ill be in	a la	ndfill.	-	D. PROCESSES
0.		ZP	RD		B. ESTIMATED ANNUAL	OF	N	RE				1		PRO	201	FSG	5 CODE			j	2. PROCESS DESCRIPTION
ız	(ente				QUANTITY OF WASTE			ter ie)						1		nte					(if a code is not entered in D(1))
-1	K)	5 4	1	900		1	D	T	0) ;	3	D	8	0)	1 1		1 1		one se
(-2	D)	0 2	,	400		1	D	T	T	7	2	7	T	10	2	11		1 1		
		+					L	+	+	1	-	+		-	1	+	1 1		1 1		
K-3	$D \mid 0$)	0 1		100		I	D	T	-0) 3	3	D	8	0)					
X-4	D	2	0 2	2															1 1		included with above

Continued from the front.

III. PROCESSES (continued)

Continued from page 2.

NOTE: Photocopy this page before completing if you more than 26 wastes to list. EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONLY W I L D 0 0 5 0 7 0 5 3 7 DUP

1 2		5 0 7 0 5 3 7 1	1	1	W	2		DUP		13 14 15 23 - 26
IV. D		N OF HAZARDOUS WASTE	-		_	1) >	Charles of		*	D. PROCESSES
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	6	UNIT MEA URE enter ode)			(er	SS CODE:	5	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 6	1500	-	36 T	T	0 1	27 - 29	27 - 29	27 - 29	Placed into container for offsit disposal by TSDF.
2	F 0 0 5	30		Т	S	0 1		1 1	1.1	
3	F 0 0 3	*				-1	1 1	1 1	1 1	Included with above
4	D 0 0 1	15		Т	S	0 1	1 1	1 1	1 1	36 ³
5	D 0 0 3	5		T	S	0 1	1 1	1.1	1 1	± ±
7	D 0 0 7	240		Т	S	0 1	1 1	1 1	1 1	
8	D 0 0 2	F0				0.3	1 1	1 1	1 1	Included with above
9	D 0 0 2 D 0 0 7	30		T		0 1	1 1		1 1	
10	D 0 0 8	30		- -	٥	0 1	1 1			Included with above
11	D 0 0 2					ı	1 1			Included with above
12										
13									, ,	11/2 10
14		LEAN IS THE RES					8			· · · · · · · · · · · · · · · · · · ·
15				1 9			- 1 1	1 1	1 1	
16					-	-	1 1	1 1		
17					1	1	1 1	1 1	1 1	
18						I	1 1	11	1 1	
20						-	1 1			
21										
22							1 1			. 4
23								T		CASTA THE GULLDAY OF THE
24							1 1			
25		p								
26	23			36	22	2 30	97 - 40	27 - 20	27 - 20	

23 - 26 27 EPA Form 3510-3 (6-80)

Continued from the front,		
IV. DESCRIPTION OF HAZARDOUS WA S (continue		
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS	CODES FROM ITEM D(1) ON PAGE 3	
RATE SEE STONE SEE STONE SEE STONE SEE		
	A CHARLES LAND LE	
8 24		
a [*]		
150		
la l		
EPA I.D. NO. (enter from page 1)		
S T T T T T T T T T T T T T T T T T T T		
FILD0050705376		
V. FACILITY DRAWING		
All existing facilities must include in the space provided on page 5	a scale drawing of the facility (see instruction	os for more detail).
VI. PHOTOGRAPHS	Energy Energy (see the course	
	revised layoff that already deligents all a	wisting structures existing storage
All existing facilities must include photographs (aerial or g treatment and disposal areas; and sites of future storage, to	reatment or disposal areas (see instruction	ons for more detail
Liedlinein and disposal aleas, and sites of idiale storage, ti	realifient of disposal areas face matructi	one for more detail.
	TO SECURE AND ADDRESS OF THE SECURE AND ADDR	
VII. FACILITY GEOGRAPHIC LOCATION	,他们就是第二个一次,他们	
	,他们就是第二个一次,他们	DE (degrees, minutes, & seconds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)	,他们就是第二个一次,他们	
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 56 67 68 69 71	,他们就是第二个一次,他们	DE (degrees, minutes, & seconds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5	,他们就是第二个一次,他们	DE (degrees, minutes, & seconds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 56 67 68 69 71	LONGITUE 72	B 8 0 8 0 3 75 76 777 - 78
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 67 68 69 - 71	LONGITUE 72	B 8 0 8 0 3 75 76 777 - 78
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below.	LONGITUE 72 n Section VIII on Form 1, "General Informat	tion", place an "X" in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in	LONGITUE 72 n Section VIII on Form 1, "General Informat	tion", place an "X" in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below.	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the folion	tion", place an "X" in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the folion	tion", place an "X" in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 7 68	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the folion	tion", place an "X" in the box to the left and
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the folio	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Tion", place an "X" in the box to the left and swing items: 2. PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the following LEGAL OWNER 4. CITY OR TOWN	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 - 74 75 76 779 tion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 0 0 0 5 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 19 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the folion LEGAL OWNER 4. CITY OR TOWN	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 - 74 75 76 77 - 79 Sion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.) 55 56 - 98 59 - 61 62 - 65 5. ST. 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the following LEGAL OWNER 4. CITY OR TOWN	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 - 74 75 76 779 tion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 1. NAME OF FACILITY'S G E 1. STREET OR P.O. BOX C F 15 16 45 IX. OWNER CERTIFICATION	Section VIII on Form 1, "General Informate Section VIII on Form 1, complete the following LEGAL OWNER 4. CITY OR TOWN C G 15 15	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 - 74 75 76 77 - 79 Sion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 13 16 14 Ave personally examinates a seconds 15 16 16 Ave personally examinates a seconds 17 Ave personally examinates a seconds 18 Ave personally examinates a seconds 19 Ave personally examinates a seconds 10 Ave personally examinates a seconds 10 Ave personally examinates a seconds 11 Ave personally examinates a seconds 12 Average	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Section VIII on Form 1, complete the following section VIII on Form 1, compl	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 - 74 75 76 77 79 Stion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40 41 42 47 - 81
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 13 16 1 Certify under penalty of law that I have personally examinated the second of t	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Section Section VIII on Form 1, "General Information Section Sec	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Stion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 5. ST. 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 13 16 14 Ave personally examinates a seconds 15 16 16 Ave personally examinates a seconds 17 Ave personally examinates a seconds 18 Ave personally examinates a seconds 19 Ave personally examinates a seconds 10 Ave personally examinates a seconds 10 Ave personally examinates a seconds 11 Ave personally examinates a seconds 12 Average	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Section Section VIII on Form 1, "General Information Section Sec	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Stion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 5. ST. 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I at including the possibility of fine and imprisonment.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section 1, complete the following and section 1, complete the following and section 1, complete the following section 1, complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, complete the fo	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Stion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 5. ST. 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 0 0 5 69 - 71 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E. 15 16 3. STREET OR P.O. BOX C. F. 15 16 45 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I as including the possibility of fine and imprisonment. A. NAME (print or type)	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Section Section VIII on Form 1, "General Information Section Sec	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Stion", place an "X" in the box to the left and swing items: 2. PHONE NO. (area code & no.) 55 56 - 38 59 - 61 62 - 65 5. ST. 6. ZIP CODE 40 41 42 47 - 81 For submitted in this and all attached ing the information, I believe that the ties for submitting false information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I at including the possibility of fine and imprisonment.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section 1, complete the following and section 1, complete the following and section 1, complete the following section 1, complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, complete the fo	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 55 56 - 58 59 - 61 62 - 65 5. ST. 6. ZIP CODE 40 41 42 47 - 51 From submitted in this and all attached ing the information, I believe that the ties for submitting false information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 - 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 13 16 1 Certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section VIII on Form 1, complete the following and section 1, complete the following and section 1, complete the following and section 1, complete the following section 1, complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, "General Information Complete the following section VIII on Form 1, complete the fo	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 79 Stion", place an "X" in the box to the left and swing items: 2. PHONE NO. (area code & no.) 55 56 - 38 59 - 61 62 - 65 5. ST. 6. ZIP CODE 40 41 42 47 - 81 For submitted in this and all attached ing the information, I believe that the ties for submitting false information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 67 68 69 71 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX C F 15 15 16 1 X. OWNER CERTIFICATION I certify under penalty of law that I have personally examine documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X, OPERATOR CERTIFICATION	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Information III on Form 1, "General Information III on Form 1, complete the following III on Form 1, complete the following II on Form 1, complete the	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28, 87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 69 67 68 69 71 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 13 16 3. STREET OR P.O. BOX C F 13 16 14 1 2 9 0 5 69 - 71 VIII. FACILITY OWNER A. NAME OF FACILITY'S 45 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined accuments, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X, OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined. I certify under penalty of law that I have personally examined.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information Informati	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42. 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28, 87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 66 67 68 69 71 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX C F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents, and that based on my inquiry of those individed documents.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information of Section VIII on Formation	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28.87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X, OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of these individual submitted information is true, accurate, and complete. I amincluding the possibility of these individual submitted information is true, accurate, and complete. I amincluding the possibility of these individual submitted information is true, accurate, and complete. I amincluding the possibility of these individual submitted information is true, accurate, and complete. I amincluding the possibility of the possibility	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information of Section VIII on Formation	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28.87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 65 67 68 0 0 7 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX C F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information of Section VIII on Formation	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28.87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 65 67 68 69 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 13 16 3. STREET OR P.O. BOX C F 15 16 15 16 17 15 16 18 17 16 19 16 10 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information of Section VIII on Formation	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7.28.87
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section X below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E IS 15 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X, OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) B. SI	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII	tion", place an "X" in the box to the left and wing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 40. 41. 42 47 - 51 fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7. 28. 87 C. DATE SIGNED
VIII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 65 65 67 68 0 0 7 71 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX C F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment. A. NAME (print or type) John M. Barrowman, Plant Manager X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individes submitted information is true, accurate, and complete. I all including the possibility of fine and imprisonment.	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII	DE (degrees, minutes, & seconds) 8 8 0 8 0 3 75 76 77 - 79 Sion", place an "X" in the box to the left and owing items: 2. PHONE NO. (area code & no.) 5. ST. 6. ZIP CODE 6. ZIP CODE 7. 28 87 Fon submitted in this and all attached ing the information, I believe that the ties for submitting false information, C. DATE SIGNED 7. 28 87 Fon submitted in this and all attached ing the information, I believe that the ties for submitting false information,

PAGE 4 OF 5

EPA Form 3510-3 (6-80)

The following is a list of EPA Hazardous Waste Numbers, type of product, and primary generating area(s) at the Joliet Plant:

EPA #	Type of Product	Generating Area
F006	Waste Treatment Sludge	Bldg. VV
F003, F005	Paint Thinner Waste Paint	Production Paint Booths, Maintenance Areas
D001	Spent Stoddard Solvent	Maintenance Areas, Production degreasing tanks
D003(One time only)	Lapping Compound	Production laps, hones
D002, D007	Spent Chromic Acid Chromic Acid Sludge Chrome Contaminated Debris Spent Sulfuric Acid w/Chrome Spent Alkaline Cleaner w/Chrome Spent Alkaline Stripper w/Chrome	Chrome plating area
D002	Alkaline Paint Stripper Waste Alkaline Cleaner Spent Nickel Plating Solvent Manganese/Zinc Phosphate Sludge	Paint Booths Production Stores Chrome Plate Area Harshaw System
D007, D008, D002	Spent Chrome Acid w/Lead	Chrome Plating Area

Form Approved OMB No. 158-R0175 307 (fill-in areas are spaced for elite type, i.e., 12 characters/inch). FORM NVIRONMENTAL PROTECTION AGENCY I. EPA I.D. NUMBER BENERAL INFORMATION I'L'D Consolidated Permits Program GENERAL (Read the "General Instructions" before starting.) GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the inform-ILD005070537 ation carefully; if any of it is incorrect, cross through it and enter the correct data in the FACILITY NAME appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the CATERPILLAR TRACTOR CO INC left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is FO BOX 524 60434 JOLIET, IL complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all CHANNAHON RD RT 6 items if no label has been provided. Refer to FACILITY the instructions for detailed item descrip-LOCATION JOLIET, IL 6Ø434 tions and for the legal authorizations under which this data is collected. II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. NO ATTACHED JARK 'X' SPECIFIC QUESTIONS YES NO B, Does or will this facility (either existing or proposed) A. Is this facility a publicly owned treatment works X include a concentrated animal feeding operation or X which results in a discharge to waters of the U.S.? aquatic animal production facility which results in a (FORM 2A) discharge to waters of the U.S.? (FORM 2B) 20 C. Is this a facility which currently results in discharges D. Is this a proposed facility (other than those described X X to waters of the U.S. other than those described in in A or B above) which will result in a discharge to A or B above? (FORM 2C) waters of the U.S.? (FORM 2D) 23 26 F. Do you or will you inject at this facility industrial or E. Does or will this facility treat, store, or dispose of X municipal effluent below the lowermost stratum con-X hazardous wastes? (FORM 3) taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) G. Do you or will you inject at this facility any produced H. Do you or will you inject at this facility fluids for spewater or other fluids which are brought to the surface cial processes such as mining of sulfur by the Frasch in connection with conventional oil or natural gas pro-X X process, solution mining of minerals, in situ combusduction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) tion of fossil fuel, or recovery of geothermal energy? (FORM 4) Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the structions and which will potentially emit 100 tons instructions and which will potentially emit 250 tons X X per year of any air pollutant regulated under the Clean per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an Air Act and may affect or be located in an attainment attainment area? (FORM 5) area? (FORM 5) III. NAME OF FACILITY SKIP IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) SMI TH 5 2 9 5 1 6 2 В VI ORDINA T V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 C.STATE D. ZIP CODE 15 10 VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 B. COUNTY NAME ILL C. CITY OR TOWN D. STATE E. ZIP CODE CONTINUE ON REVERSE EPA Form 3510-1 (6-80)

CONTINUED FROM THE FRONT					,
VII. SIC CODES (4-digit,*in order of priority					
A, FIRS	r NG EQUIPMENT	E]		B. SECOND	
7 3 3 1 AND COMPON	ENTS	7	(specify)		Considerate convolution representatives to subject
C. THIR	D		(specify)	D, FOURTH	
15 16 - 15		7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
VIII. OPERATOR INFORMATION		The state of the same of the same			5 (2)
<u> </u>	A.N.	AME			B. is the name listed in Item VIII-A also the owner?
8 CATERPILLAR	TRACTOR	C O			
C. STATUS OF OPERATOR (Enter			f "Other", specify.)	D. PHON	NE (area code & no.)
F = FEDERAL M = PUBLIC (oth S = STATE O = OTHER (spe P = PRIVATE	er than federal or state) cify)	P (specify)		A 3 Ø 9	6 7 5 1 0 0 0
	REET OR P.O. BOX			Carrier of Carrier (Carrier of Carrier of Ca	and the second second
1 0 0 NE ADAMS	ovalence w solect a company bottomic		<u> </u>	and the second of the second o	
F. CITY C	RTOWN	og karanda di pantana	G:STATE H. ZIP	the second state of the second	
BPEORIA			I L 6 1 6	 — — — — — — — — — — — — — — — — — — —	ated on Indian lands? 口 NO
X. EXISTING ENVIRONMENTAL PERMIT	- -	40	41 62 47 -	a1	
A. NPDES (Discharges to Surface Wat		ir Emissions from P	roposed Sources)		
9 N , , , , , , , , , , , , , , , , , ,	7 3 2 9 P				
B. UIC (Underground Injection of Flui	ds)	E. OTHER (speci	fy)	Accommodate services	A STORY OF THE STORY
9 U	9	1 1 1 1 1 1		(specify)	
C. RCRA (Hazardous Wastes)	30 15 16 17 18	E. OTHER (speci	ifv)		
9 R		T T T T T		(specify)	
15 16 17 18 - XI. MAP	30 15 16 17 18		30		
Attach to this application a topograp the outline of the facility, the location treatment, storage, or disposal facility water bodies in the map area. See inst	on of each of its exist ies, and each well wh ructions for precise re	ting and propose ere it injects flu	d intake and disc	harge structures, each Include all springs, riv	of its hazardous waste
XII. NATURE OF BUSINESS (provide a bri	ef description)	de a la la la la la			
MANUFACTURE OF: EARTH MOVING EQUIPMENT	r AND COMPONENT:	S			
				•	
			F9:	A	
e e	•		* 2x	51	
·					
				•	•
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I attachments and that, based on my application, I believe that the inform false information, including the possi	inquiry of those per action is true, accurate	rsons immediate e and complete.	y responsible for	obtaining the informa	ation contained in the 🌡
A. NAME & OFFICIAL TITLE (type or prin	nt)	B. SIGNATURE	V		C. DATE SIGNED
DONALD F. DOMNICK, VICE	PRESIDENT	Lorded	Fram	nell	19/31/80
COMMENTS FOR OFFICIAL USE ONLY				A Maria Langua (Maria) Baran Baran Baran Baran Baran	
C					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PA Form 3510-1 (6-80) REVERSE					

(fill	-in	are		re spaced for elite type	, i.e., 12 c		AND DESCRIPTION OF THE PERSON NAMED IN								Form App	rovea	OMB N	o. 158	S8000	24 Z (273	
FC	EN	/. j			HAZA		WAS								I. EPA I.	D. N	UMBEI					
		,				С	onsolid	ated F	Permits	s Prog	ram			* 4	FIL	D Ø	0/5	ø 7	ø 5	3 7	2	1
-	RA		- T	TAL HOE ONLY	(This i	nformatio	n is requ	uired t	under	Sectio	on 3(05 of	RC	RA.)			1, 1			ш,	لفتان	15
APP	7L1	CAT	10	IAL USE ONLY									CO	MMENTS		الدنامة			en a j			
_A	PPF	10V	ED	(yr., mo., & day)																		
	-	23		24 29		t je se o s										: "		7.45	Weight.			
II.	FII	RST	0	R REVISED APPLI	CATION		1.1						- 2									
Plac	e a	n '')	ζ" ii	n the appropriate box tion. If this is your fir	in A or B b	oelow <i>(mai</i>	k one L	ox on	<i>ly)</i> to	indic	ate v	vhethe	er th	is is the first a	pplication y	ou ar	submitt	ing fo	your	facili	y or	а
EPA	sec \	D. N	lum	ber in Item I above.	si applicat	Jon and ye	u airea	зу ки	JW YO	urtac 	anty	SEPA	(1.0	. Number, or i	T this is a re	visea	вррисати	on, ent	er you	ır tacı	lity's	
A.	_	-		PPLICATION (place														· 2 11:4 <u>.</u> 4.	State .		V. 1	
	7	<u>A</u> 1.	£Χ	ISTING FACILITY (S	iee instruct Complete ii	tions for de tem below.	efinitior)	of "e	existin	g" fac	cility	• / 1			2.NEW	FACI	LITY (C	omplet FOR 1				s,
<u>c</u>	F	YR.		The little open	EXISTING										YR.	мо.	DAY	PROV	O., & (lay) Ç	PER	
8		5 .	L .		he boxes t			5. 1				,			73 74 7	76	77 78	EXPE	BEGA	TOE	EGIN	4
	_	_		APPLICATION (p			d com	olete I	tem I	above	?)		, in				A Th	se, se \$1				-
	7	2		CILITY HAS INTERI) and other					anna ann an a		2. FACI	LITY	HASA	RCRA	PER	AIT	Single Court	- 100 maga
				SES – CODES AN													edisorius a					
A.	PRO	OCE	SS	CODE — Enter the cod des. If more lines are	de from the	e list of pro	ocess co	des be	elow t	hat be	est de	escribe	es ea	ch process to	be used at th	ne fac	ility. Te	n lines	are pr	ovide	for	
	des	crib	e th	e process (<i>including it</i> s	design cap	pacity) in 1	he spac	e prov	vided o	ovice on the	for	n <i>(Ite</i>	m II	VIII De Usea t I-C).	nat is not in	cinae	o in the i	IST OT	codes	Delow	, tnen	
8.	PRO	OCE	SS	DESIGN CAPACITY -	- For each	code ente	red in c	olumi	n A en	ter th	e car	pacity	of t	he process.							n naj Luaraj	
				NT — Enter the amoun OF MEASURE — For e		at entered	in colur	nn Rí	1) ent	ar the	9 000	e fron	n the	e liet of unit m	seature code	e halr	uw that d	eccribe	e zha i	unit a		, .
				used. Only the units									11 111	a macor unich	seasure code	S Deit	W Glat G	esci ibe	is the	unit o		٠,
						APPROPRI MEASURE										RO-	APPRO MEASI					
		-	P		CODE	DESIGN							PR	OCESS		DE_	DE	SIGN	CAPA	CITY	55	
_		ge:	.	- 45								tment	<u> </u>								1.44	•
Τ.	AN	ĸ		R (barrel, drum, etc.)	502 GA	ALLONS C	RLITE			4.5	TAN	100	() (c) (-) (-) (-) (-) (-)			Sec.	GALLO	PERI	AY.	11.7		
		TE I Fac		* MPOUNDMENT	CL	JBIC YAR JBIC MET ALLONS C	ERS	- P.S		100		PER		POUNDMENT		02	GALLO LITERS TONS P	PERI	PAY			
		osal:									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						METRIC	TON	5 PER	HOU	R;	
-	JE		ON	WELL		ALLONS C			that		ОТН	F9 (1	Teo f	or physical el	nemical 7	04	LITERS	PER	10UR	4. 11.		
					wo	ould cover pth of one	one acr	e to a.			then	nal or	biol	or physical, ch logical treatme occurring in ta	ent nks.		LITERS			r UR		
				ICATION	D81 AC	CTARE-N	TETER	RES			surfa	ce im	DOUL	ndments or inc e the processed lded; Item III	iner-							
				POSAL MPOUNDMENT	£1'	ALLONS P	DAY				the s	pace p	provi	ided; Item III	·C.)) 1791, 78				
50	<i>J</i> R. I	FAC	. E. (I	MI-CONDIMEN!	D83 GA	LLONS C	ric Clii	- KS					i n	NIT OF						1 (8)	* ^-	
	* • • •				MEASUR			100000					ME	ASURE					and Salate di Manager		T OF SUR	
				EASURE	CODE		UNIT							CODE	35.4		ASURE			<u>cc</u>	DE	_
L	TE	RS		DS			TONS	PERI	HOUR					D	HECTA	RE-M	ETER.				. F	
CI	UBI	IC M	1ET	ERS	<i>.</i> c		GALL	ONS F	PER H	OUR				. E	HECTA	RES			• • • •	• • •	. B	
EX	ΑM	PLE	FC	R COMPLETING ITE	M III Isho	wn in line	LITER number	s X-1	and)	X-2 be	e/ow/	: A f	acili	tv has two sto	rage tanks.	one ta	nk can h	old 20	O gallo	กร สถ	d the	
oth	er c	an h	rold	400 gallons. The faci	lity also ha	s an incine	erator t	nat ca	n burn	up to	o 20	galion	is pe	r hour.	7. N. 19.	de d			_ g			
Ĉ				DUP	7/2	[]	/ : / :	\mathcal{L}	/ /	/ /	$^{(z)}$	<u> </u>	<u> </u>	(-)	I = I = I	1	1 /	$\mathcal{N}_{\mathcal{I}}$	/ /	/ /		
1 2	1				13 14	15	7 7	-17	$\overline{}$	$\overline{\lambda}$	1	7	7	7 7 7	7 : 7 :: , ,			$\overline{\lambda}$		<u> </u>	7	7
FI T		.PR		B. PROCESS	DESIGN	CAPACI			FOR		ER	A. PE		B. PRC	DCESS DE	SIGI	CAPA			F	OR	
~			E	1. AMC			2. UNI OF ME SURI	A- 0	FFICI	AL	തി				I. AMOUN	T		OF	MEA	OF	ICI/ JSE	A L
瓦瓦田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	C			(spec	ify)		(ente	r	ONL	Y	Z5	(from abou	ve)					- (4	URE inter ode)		NLY	
	C	bov	-' i				28	25		32		16 -		40		1.1				29	- (T)	32
N C N E	C		18	19		27	 ^* -	97	1 1. :					19	. 1=21			27	28	·		
	(fr			600	ing english		- 6				5	-		19				27	28			۰.
X-1	Offra 15 S	0	2	600			- <i>G</i>				اورات				<u> </u>			27	28			1
X-1	Offra 15 S		2	X 1 2							5							27.	25			
X-1	S T	0	2	20	****		- G				6							27.	25			
X-1	Offra 15 S	0	2	600	***************************************		- <i>G</i>				اورات							27	25			
X-1	S T	0	3 1	57,ØØØ	øøø		- G E G				6			19				7	28			
X-2	S T	0	2	57, ØØØ 5, ØØØ	døø Øøø		- G				6 7 8			19				27.	28			
X-2	S T	0 0	3 1	57,ØØØ	døø Øøø		- G E G				6 7								28			
X-2 1	S S	0 0	3 1 2	57, ØØØ 5, ØØØ	døø Øøø		<i>G E G G</i>				6 7 8 9							27.	28			
X-2	S T	0 0	1 2 1	57, ØØØ 5, ØØØ 5, ØØØ	døø Øøø		G E G			3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	6 7 8	16 -	15					27.	28			3.2
X-1 X-2 1 2	S T	0 0 0 0	18 2 3 1 2	57, ØØØ 5, ØØØ 5, ØØØ	døø Øøø		G G U	20 250 250 250 250 250 250 250 250 250 2	PAG	32 GE 1	6 7 8 9		1. i		1980				255	N RE	VER	32

Contin NO FE.	ued <i>Ph</i>	fro	т р <i>сор</i>	age y th	2. Ils page before completing if	have	m	оге	thar	ı 26	wa		**********) F	orm Appro	ved OMB No. 158-S80004
w I		þ	ď	à	5 0 7 0 5 3 7 3 1		/		s W	2				D U P		AL US	EC	(A & 2	DUP	
		A. I	EP/	1	ON OF HAZARDOUS WAST		UN				<u> </u>							D. PROCE		
Z S	WA	ST	EI	10	QUANTITY OF WASTE	6	ente ode	er ?)	27	· · · · · · · · · · · · · · · · · · ·	* *	1. PRO				27 -	29		2. PROC (if a code	ESS DESCRIPTION is not entered in D(1))
1	F	ø	ď	6	7412 ØØØ		Т	1.	Т	4	1	1 1								
2,4	F	ď	1	7	684 BBG	_	T	_	S	9	1					 1				
Z -	F	9	1	8	2∅ ∅ø₫		T		S	ġ	1		_					٠		
4	F	ø	ø	9	1 0 40 000	- U - 1 - 1 - 1	Т	. 4	s	ø	1		2	1 1						
5	F	ø	ø	7	485 ợợ		Т		s	ø	1			1 1		, ,	'			
6	F	ø	1	ď	4 9 0 0	\hat{\chi}{\chi}	Т		s	ď	1	1 1				' '	:			
7	F	ø	1	2	4 000		Т		s	ø	1									
8	F	ø	ď	1	12 ø 00	1.2	Т		s	ø	1			, ,				RECYC	LED (SI	CORED IN DRUMS)
9	F	ø	g	8	. 5Ø ØØ Ø	2000 2000 2000 2000 2000 2000	Т		s	o'	1	1 1		1 1		1 '	,			
10	D	ø	ø	2	4 Ø Ø Ø		Т		S	g	1									
11												, ,		, ,						
											'	1 1		1 1						
13																				
14												1				T				
15.												- 1		1 1		1	I			
1,6											ı	, 1		1 1		1	1		•	
17											ı	1		1		······	J			
18										1		11					ı			
19										1	1	1 1		1 1		1	ı			
20										7	r	1 1		1 1			ı		****	
21								V.				7-1	Г		7	T	1			
22												1		1 1	1	~ [•			
23										, ,	ſ	1 1				1				
24										I1		·11			- 1		l		***	
	 [γ	Γ	— [777		····· I- · · ·	Γ			
26										r 1	ı			1		ŧ				
EPA I	ori		510	.3 (i			36	1			:	27 -	. /	27 -		27 *	29			CONTINUE ON REVERSE

E. USE THIS SPACE TO LIST ADDITIONAL PROC								Dan market
	ESS CODES FRO	M ITEM D(1) ON PA	GE 3.				₫*	
and the second s						7	 • • • • 1. 	**
			•					
,								
		•						
			<i>:</i>					
		•						
			4.5					
EPA I.D. NO. (enter from page 1)								
5 T T D d d E d 7 d E 2 7 TAC								
F 1 L D 0 9 3 9 7 9 3 3 7 3 6		·						
V. FACILITY DRAWING								
All existing facilities must include in the space provided on p	page 5 a scale drawin	g of the facility (see instr	uctions for more	detail)	F(رة : الأراد الم	55	aleiroisettiinitk
VI. PHOTOGRAPHS				aller og Laketer				<u> </u>
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future store	al or ground—level) that clearly delineate	e all existing st	ructur ore de	es; exis tai/L	ting sto	rage, F6	A 56
VII. FACILITY GEOGRAPHIC LOCATION	age, treatment or	disposal dieds (see mot					. U	
LATITUDE (degrees, minutes, & seconds)		LONG	ITUDE (degree	, minu	es, & se	conds)		
(1) 20 0 5 0			1/88	(8)	0/20	(1	That No.	
65 66 67 68 69 - 71			72 - 74	5 75	77 - 79]	Z V I F	side,
VIII. FACILITY OWNER			100000000000000000000000000000000000000					
🖾 A. If the facility owner is also the facility operator as li		A STATE OF THE PROPERTY OF THE						
	isted in Section VIII	on Form 1, "General Inf	ormation", place	an "X	' in the	box to th	ne left a	nd
skip to Section IX below.	isted in Section VIII	on Form 1, "General Inf	ormation", place	an "X	' in the	box to th	ne left a	nd
					' in the	box to th	ne left a	nd
skip to Section IX below.	sted in Section VIII	on Form 1, complete the				box to the		
skip to Section IX below. B. If the facility owner is not the facility operator as li	sted in Section VIII	on Form 1, complete the						
skip to Section IX below. B. If the facility owner is not the facility operator as li	sted in Section VIII	on Form 1, complete the			PHONE		ea code	
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL C E Is 16 3. STREET OR P.O. BOX	sted in Section VIII	on Form 1, complete the		2	PHONE	i NO. (ar	ea code	
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL F 15 16 3. STREET OR P.O. BOX	sted in Section VIII	on Form 1, complete the		55 56	PHONE	E NO. (ar	ea code	
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL E 1. STREET OR P.O. BOX C F 15 16	sted in Section VIII	on Form 1, complete the		2 55 56 5. ST.	PHONE	E NO. (ar	ea code	
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX 1. NAME OF FACIL 1. NAME OF FA	sted in Section VIII	on Form 1, complete the ER 4. CITY OR TOWN	following item:	55 56 S. ST.	PHONE 58	E NO. (ar	ea code	
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX 4. CERTIFICATION 1 certify under penalty of law that I have personally of law	sted in Section VIII STY'S LEGAL OWN G G 43 15 15	on Form 1, complete the ER 4. CITY OR TOWN familiar with the info	following items	2. 55 56 5. ST.	PHONE	59 - 6	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX 1. NAME OF FACIL 1. NAME OF FA	sted in Section VIII STY'S LEGAL OWN G G 43 15 15 examined and amadividuals immedia	on Form 1, complete the ER 4. CITY OR TOWN familiar with the info	following items 40 rmation submi	55 56 5. ST.	PHONE 58	E NO. (ar	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 1. NAME OF FACIL 2. E 15 16 3. STREET OR P.O. BOX 5. F 15 1.16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally a documents, and that based on my inquiry of those in	sted in Section VIII STY'S LEGAL OWN G G 43 15 15 examined and amadividuals immedia	on Form 1, complete the ER 4. CITY OR TOWN familiar with the info	following items 40 rmation submi	55 56 5. ST.	PHONE 58	E NO. (ar	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as lie 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX 1. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete	sted in Section VIII STY'S LEGAL OWN G G G AS 15 15 examined and am adividuals immediate. I am aware that	on Form 1, complete the ER 4. CITY OR TOWN familiar with the infonted the ere significant in the ere are significant in the ere	following items following items formation submits the incenalties for st	2 55 56 5. ST. A1 62 tted in forma	PHONE 58	S NO. (ar	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 2. E 15. 16 3. STREET OR P.O. BOX C. F IX. OWNER CERTIFICATION I certify under penalty of law that I have personally adocuments, and that based on my inquiry of those in submitted information is true, accurate, and complet including the possibility of fine and imprisonment. A. NAME (print or type)	sted in Section VIII STY'S LEGAL OWN G G G AS 15 15 examined and am adividuals immediate. I am aware that	on Form 1, complete the ER 4. CITY OR TOWN familiar with the infonted the ere significant in the ere are significant in the ere	following items following items formation submits the incenalties for st	2 55 56 5. ST. A1 62 tted in forma	PHONE - 58 - 47 this artion, I ing false	S NO. (ar	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as lie 1. NAME OF FACIL 1. NAME OF FACIL 2. E 3. STREET OR P.O. BOX 3. STREET OR P.O. BOX 1. IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT	sted in Section VIII STY'S LEGAL OWN G G G AS 15 15 examined and am adividuals immediate. I am aware that	on Form 1, complete the ER 4. CITY OR TOWN familiar with the info	following items following items formation submits the incenalties for st	2 55 56 5. ST. A1 62 tted in forma	PHONE - 58 - 47 this artion, I ing false	S NO. (ar	code	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line in the facility of its line in the facility operator as line in the facility operator in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is line in the facility operator in the facility operator is not the facility operator in the facility operator is not the facility operator in the facility operator is not the facility operator in the facility operator is not the facility operator in the facility operator in the facility operator is not the facility operator in the facility operator in the facility operator in the facility operator is not the facility operator in the facility oper	examined and amodividuals immediate, I am aware that	on Form 1, complete the ER 4. CITY OR TOWN familiar with the info- ately responsible for o there are significant i	following items 40 22 Trimation submit the irropenalties for so	2 55 56 5. ST. At 62 Atted in a formal abmitti	this artion, I I ing false	59 - 6 6. ZIP ad all at: believe to e inform	code 51 51 stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line in the facility of it. S. STREET OR P.O. BOX S. STREET OR P.O. BOX IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complet including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally in the facility of law that I have personal	examined and amadividuals immediate. I am aware that	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the control of the con	following items 20 21 rmation submited in the irrependities for submited	sted in formal bimitti	this artion, I ling false	59 - 6 6. ZIP da all attelled inform	code 52 CODE 51 Stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX 1. Its 1. NAME OF FACIL 2. E 3. STREET OR P.O. BOX 1. Its 1. NAME OF FACIL 2. E 3. STREET OR P.O. BOX 4. Certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. 1. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT 1. Certify under penalty of law that I have personally documents, and that based on my inquiry of those in documents, and that based on my inquiry of those in	examined and amadividuals immediate. I am aware that	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the cately responsible for or one cately responsible for one cately re	following items following items formation submition for submition submition submition submition submition submition submitioning the in	sted in formal behind the form	this artion, I lim false	59 - 6 6. ZIP dall at the lieve to be inform	code 52 CODE 511 Stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line. 1. NAME OF FACIL 2. E 1. STREET OR P.O. BOX 3. STREET OR P.O. BOX C. F IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complet including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X, OPERATOR CERTIFICATION I certify under penalty of law that I have personally	examined and amadividuals immediate. I am aware that	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the cately responsible for or one cately responsible for one cately re	following items following items formation submition for submition submition submition submition submition submition submitioning the in	sted in formal behind the form	this artion, I lim false	59 - 6 6. ZIP dall at the lieve to be inform	code 52 CODE 511 Stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as line in the facility of the facility o	examined and amadividuals immediate. I am aware that	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the cately responsible for or one cately responsible for one cately re	following items following items formation submition for submition submition submition submition submition submition submitioning the in	ss se s. ST. sted information itted information itted information	this artion, I lim false	so - 6. ZIP ad all attabelieve to inform NED ad all at the believe to be inform	code 52 CODE 511 Stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as lie 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. In a control of the facility operator as lie 1. NAME OF FACIL 2. E 1. In a control of Facility of Facility of Facility of Facility of Ix. OWNER CERTIFICATION 1 certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type)	examined and am adividuals immediate. I am aware that the I am aware that I am aware t	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the cately responsible for or one cately responsible for one cately re	following items following items formation submition for submition submition submition submition submition submition submitioning the in	ss se s. ST. sted information itted information itted information	this antion, I ing false	so of all at the lieve in a control of all at the lieve in a contr	code 52 CODE 511 Stached that the pation,	& no.)
skip to Section IX below. B. If the facility owner is not the facility operator as lie 1. NAME OF FACIL 1. NAME OF FACIL 2. E 1. I. NAME OF FACIL 2. E 3. STREET OR P.O. BOX 3. STREET OR P.O. BOX 4. Certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complet including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	examined and am adividuals immediate. I am aware that the I am aware that I am aware t	4. CITY OR TOWN familiar with the infontely responsible for or there are significant of the cately responsible for or one cately responsible for one cately re	following items following items formation submition for submition submition submition submition submition submition submitioning the in	ss se s. ST. sted information itted information itted information	this antion, I ing false	59 - 6 6. ZIP dall at the lieve to be inform NED od all at the lieve to be inform NED	code 52 CODE 511 Code chat the pation, chat the pation chat the pation, chat the pation, chat the pation chat chat the pation chat chat chat chat chat chat chat chat	& no.)

Please print or type in the unshaded areas only Form Approved OMB No. 158-R0175367 (fill-in areas are spaced for elite type, i.e., 12 characters/inch). INVIRONMENTAL PROTECTION AGENCY I, EPA I.D. NUMBER FORM **GENERAL INFORMATION** 3 I L D 0 5 7 Ø 5 Consolidated Permits Program (Read the "General Instructions" before starting.) F GENERAL GENERAL INSTRUCTIONS If a preprinted label has been provided, affix EPA I.D. NUMBER it in the designated space. Review the inform-1LD# \$5620532 ation carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the CATERPILLAR TRACTOR CO INC left of the label space lists the information FACILITY FO BOX 504 that should appear), please provide it in the proper fill—in area(s) below. If the label is MAILING ADDRESS 6/434 JOLIET, IL complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all CHAMMAHOM RD RT 6 items if no label has been provided. Refer to FACILITY the instructions for detailed item descrip-LOCATION JOLIET, IL 6/1434 tions and for the legal authorizations under which this data is collected. II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. MARK 'X' MARK 'X' SPECIFIC QUESTIONS SPECIFIC QUESTIONS B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or A. Is this facility a publicly owned treatment works X X which results in a discharge to waters of the U.S.? aquatic animal production facility which results in a (FORM 2A) discharge to waters of the U.S.? (FORM 2B) 20 17 C. Is this a facility which currently results in discharges D. Is this a proposed facility (other than those described X X in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) to waters of the U.S. other than those described in 26 A or B above? (FORM 2C) 22 Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, E. Does or will this facility treat, store, or dispose of X X X hazardous wastes? (FORM 3) underground sources of drinking water? (FORM 4) 32 G. Do you or will you inject at this facility any produced H. Do you or will you inject at this facility fluids for spewater or other fluids which are brought to the surface cial processes such as mining of sulfur by the Frasch X in connection with conventional oil or natural gas pro-X process, solution mining of minerals, in situ combusduction, inject fluids used for enhanced recovery of tion of fossil fuel, or recovery of geothermal energy? oil or natural gas, or inject fluids for storage of liquid (FORM 4) 38 hydrocarbons? (FORM 4) 35 Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the ininstructions and which will potentially emit 250 tons structions and which will potentially emit 100 tons X X per year of any air pollutant regulated under the Clean per year of any air pollutant regulated under the Air Act and may affect or be located in an attainment Clean Air Act and may affect or be located in an attainment area? (FORM 5) area? (FORM 5) III. NAME OF FACILITY 15 16 - 29 3 IV. FACILITY CONTACT B. PHONE (area code & no.) A. NAME & TITLE (last, first, & title) 5 2 9 5 6 3 2 8 ENVIR COORDINATOR 1 SMITH 2 V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 15 1 D. ZIP CODE B. CITY OR TOWN 4 15 16 VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME WILL 46 F. COUNTY CODE E. ZIP CODE C. CITY OR TOWN D.STATE 6 **CONTINUE ON REVERSE** EPA Form 3510-1 (6-80)

CONTINUED FROM THE FRONT	.00		The state of the s	unit i i i i i i i i i i i i i i i i i i
VII. SIC CODES (4-digit, in order of priority)				
A. FIRST			B. SECOND	
7 3 5 3 1 (specify) EARTH MOVING E	QUIPMENT	7 (spec	ify)	
C. THIRD			D. FOURTH	
(specify)		7 (spec	ולני)	
VIII. OPERATOR INFORMATION				
8 CATERPILLAR TR.	A. NAME A C T O R C O	111111		B. Is the name listed in Item VIII-A also the owner?
15 16				X YES NO
C. STATUS OF OPERATOR (Enter the app F = FEDERAL M = PUBLIC (other than	and the second s		fy.) D, PHC	NE (area code & no.)
S = STATE O = OTHER (specify) P = PRIVATE	P B6	(specify)	A 3 0 9	
1 0 0 NE ADAMS	R P.O. BOX	11111		
26		1 1 1 55		
F. CITY OR TOW	N I I I I I I I		IP CODE IX, INDIAN LA	cated on Indian lands?
BPEORIA			6 2 9 Stille facility to	NO
15 16 -		40 41 42 47	- 51	
X. EXISTING ENVIRONMENTAL PERMITS	Yes			
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emission	ns from Proposed Sources		
9 N I L Ø Ø Ø 1 7 3	2 9 P			
B. UIC (Underground Injection of Fluids)	0 15 16 17 18 E. OTH	ER (specify)	36	
CTI I I I I I I I I I I I I I I I I I I	CTITIT	111111	(specify)	
9 U	9 15 16 17 18		30	
C. RCRA (Hazardous Wastes)		ER (specify)		
9 R	9		(specify)	
	0 15 16 17 18		30	
Attach to this application a topographic ma the outline of the facility, the location of e treatment, storage, or disposal facilities, an water bodies in the map area. See instruction	each of its existing and deach well where it in	proposed intake and o ects fluids undergrour	lischarge structures, each	of its hazardous waste
XII. NATURE OF BUSINESS (provide a brief descri	iption)			
MANUFACTURE OF:				
EARTH MOVING EQUIPMENT AND	COMPONENTS			
《中国》、《 《中国》、《中国》、《中国》、《中国》、《中国》、《中国》、《中国》、《中国》、		=	1. 4	
	4		I'A	
	. 0 1		31	
			ж	
1 4				
XIII, CERTIFICATION (see instructions)	9 X 3			
I certify under penalty of law that I have p attachments and that, based on my inquir application, I believe that the information false information, including the possibility of	y of those persons imitis true, accurate and co	mediately responsible mplete. I am aware th	for obtaining the inform	nation contained in the
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNA			C. DATE SIGNED
DONALD F. DOMNICK, VICE PRESI	DENT	all From	mell	19/31/80
COMMENTS FOR OFFICIAL USE ONLY		State of the state	STATES THE SHALL S	
15 16	1111111			55
EPA Form 3510-1 (6-80) REVERSE				

					The second
TTT	DDC	OFFICE	ES (co		- J.1
	100 100 100	200	1000	77 11 17 71	001

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ($code\ "T04"$) INCLUDE DESIGN CAPACITY. FOR EACH PROCESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste,

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

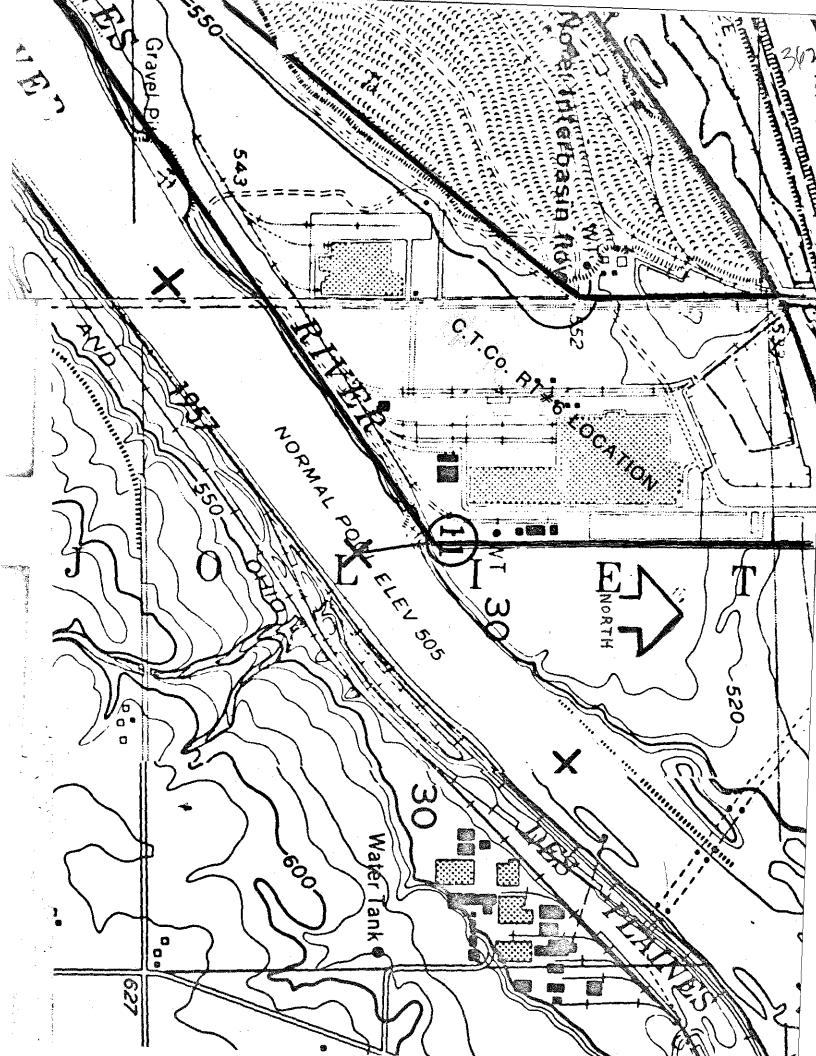
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				E					C. UNIT		C. UNIT											D. PROCESSES
LINE NO.	V	IA	IS	TE	IN	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	URE enter ode)			1. PROCESS CODES (enter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
X-1	-	K	0		5	4	900		P		T	0	3	D	1 8	3 ()			1 8 9 1 17 494 489		
X-2	1	D	0		0	2	400		P		T	0	3	D	1 8	3 ()			boo bilities Is the ded		
X-3	1	0	0) ()	1	100		P		T	0	3	D	1 8	3 ()	1 1		non ties sea in the		
X-4	The second	D	0		0	2									1					included with above		

Continued from page 2. NOTE: Photocopy this page before completing if have more than 26 wastes to list. Form Approved OMB No. 158-S80 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) ILDØØ 5 Ø 7 Ø 5 3 7 DUP 3 3 DUP V. DESCRIPTION OF HAZARDOUS WASTES (continued) C.UNIT OF MEA SURE (enter code) D. PROCESSES A. EPA HAZARD. WASTENO (enter code) LINE NO. B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) -36 F Ø Ø 6 T 0 1 7412 BOO T 600 000 T S 0 1 20 øød F 0 1 8 T ø 1040 000 4 F Ø Ø 9 T S 1 5 F Ø Ø 485 000 S Ø 1 7 T 6 d 4000 Ø 1 T SØ 1 4000 F Ø 1 2 S Ø 1 T 8 12 0 dd F 0 0 1 T S Ø 1 RECYCLED (STORED IN DRUMS) 9 50000 ø 0 8 T S 0 1 Ø 10 4000 2 DØ T S 0 1 11 13 14 15 16 17 18 19 20 22 23 21 25 26

EPA Form 3510-3 (6-80)

		THE RESERVE THE PARTY OF THE PA	
IV. DESCRIPTION OF HAZARDOUS WASTL		国家的发展扩展	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS OF	CODES FROM ITEM D(1) ON PAGE	5.	
			78 (1 8:100 (1)
· · · · · · · · · · · · · · · · · · ·			
EPA I.D. NO. (enter from page 1)			
S T/A C			
FILDØØ5077053736			
V. FACILITY DRAWING			
All existing facilities must include in the space provided on page 5 a	a scale drawing of the facility (see instruction	ons for more detail).	6: 8/55
VI. PHOTOGRAPHS	英音》的形式图像的变形的问题		
All existing facilities must include photographs (aerial or gi	round_level that clearly delineate all		etina etarada
treatment and disposal grant, and sites of future storage to	natment or disposal areas (see instruct	existing structures, exis	E6: 56
treatment and disposal areas; and sites of future storage, tr	eatment or disposal areas (see instruct	ions for more detail).	F6: 56
treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage are storage and disposal areas; and sites of future storage are stora	eatment or disposal areas (see instruct	ions for more detail).	F6 · 56
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)	eatment or disposal areas (see instruct	rions for more detail). DE (degrees, minutes, & s	F6 · 56
treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas; and sites of future storage are storage and disposal areas; and sites of future storage are stora	eatment or disposal areas (see instruct	ions for more detail).	F6 · 56
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)	eatment or disposal areas (see instruct	rions for more detail). DE (degrees, minutes, & s	F6 · 56
VII. FACILITY OWNER treatment and disposal areas; and sites of future storage, treatment and disposal areas; and disposal ar	eatment or disposal areas (see instruct	ions for more detail). DE (degrees, minutes, & so 8 8 0 8 0 3	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø 60 60 60 60 71	eatment or disposal areas (see instruct	ions for more detail). DE (degrees, minutes, & so 8 8 0 8 0 3	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 0 VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below.	LONGITU LONGITU Prescription VIII on Form 1, "General Informations of the section VIII on Form 1, "General Informations of the section VIII on Form 1,"	tions for more detail). DE (degrees, minutes, & so 8 8 0 8 0 3 74 75 76 77 - 7	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following section VIII on Form 1, com	tions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following section VIII on Form 1, com	tions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following section VIII on Form 1, com	DE (degrees, minutes, & so 8 8 8 0 8 0 3 77 - 7 75 76 777 - 7 75 76 777 - 7	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S	Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following section VIII on Form 1, com	tions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	econds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C 15 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Information VIII on Form 1, complete the followed by the section VIII on Form 1, complete the section VIII on Form 1, complete the followed by the section VIII on Form 1, complete the section VIII on Form 1, comp	stion", place an "X" in the owing items:	box to the left and E NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S GE 15 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Information VIII on Form 1, complete the followed by LEGAL OWNER	stion", place an "X" in the owing items:	box to the left and E NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S GE 15 16 3. STREET OR P.O. BOX	Section VIII on Form 1, "General Information VIII on Form 1, complete the followed by the section VIII on Form 1, complete	DE (degrees, minutes, & so 8 8 8 8 8 8 75 76 77 - 7 7 75 76 77 - 7 7 75 76 77 - 7 7 75 76 77 - 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	box to the left and E NO. (area code & no.)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 3. STREET OR P.O. BOX C F 15 16 17 A5 18 A5 18 OWNER CERTIFICATION 1 certify under penalty of law that I have personally examinations.	Section VIII on Form 1, "General Information VIII on Form 1, complete the following and the following section VIII on Form 1, complete the following section VIII on F	tion submitted in this action.	box to the left and E NO. (area code & no.) 50 6. ZIP CODE
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a seconds of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FACILITY'S Towns a second of the facility operator as listed in 1. NAME OF FA	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the following and am familiar with the informativals immediately responsible for obtain	tion submitted in this and ning the information, I	box to the left and E NO. (area code & no.) 50 6. ZIP CODE 70 71 71 71 71 71 71 71 71 71 71 71 71 71
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S GE 15 16 3. STREET OR P.O. BOX C F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examine documents, and that based on my inquiry of those individus submitted information is true, accurate, and complete. I am	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the following and am familiar with the informativals immediately responsible for obtain	tion submitted in this and ning the information, I	box to the left and E NO. (area code & no.) 50 6. ZIP CODE 70 71 71 71 71 71 71 71 71 71 71 71 71 71
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examind documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment.	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information III on Form	stions for more detail). BE (degrees, minutes, & so 8 8 8 0 8 77 - 7 7 75 76 77 - 7 7 75 76 77 - 7 7 75 76 77 - 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	box to the left and ENO. (area code & no.) 59 - 61 62 - 65 6. ZIP CODE and all attached believe that the se information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S E 15 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examind documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment.	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the followed and am familiar with the informal vals immediately responsible for obtain aware that there are significant penalignature.	ions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 75 76 77 - 7 Sation", place an "X" in the owing items: 2. PHON 55 56 - 58 5. ST. 40 41 42 4 tion submitted in this and ining the information, I alties for submitting false.	box to the left and ENO. (area code & no.) 59 - 61 62 - 65 6. ZIP CODE and all attached believe that the se information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 3. STREET OR P.O. BOX I certify under penalty of law that I have personally examind documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment.	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information III on Form	ions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 75 76 77 - 7 Sation", place an "X" in the owing items: 2. PHON 55 56 - 58 5. ST. 40 41 42 4 tion submitted in this and ining the information, I alties for submitting false.	box to the left and ENO. (area code & no.) 59 - 61 62 - 65 6. ZIP CODE and all attached believe that the se information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S GE 15 16 3. STREET OR P.O. BOX C F 15. 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examind documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the followed and am familiar with the informal vals immediately responsible for obtain aware that there are significant penalignature.	ions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 75 76 77 - 7 Sation", place an "X" in the owing items: 2. PHON 55 56 - 58 5. ST. 40 41 42 4 tion submitted in this and ining the information, I alties for submitting false.	box to the left and ENO. (area code & no.) 59 - 61 62 - 63 6. ZIP CODE and all attached believe that the se information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 Ø 5 Ø VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 3. STREET OR P.O. BOX G F 15 16 IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examind documents, and that based on my inquiry of those individus submitted information is true, accurate, and complete. I an including the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION	Section VIII on Form 1, "General Informal Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information VIII on Form 1, "General	ions for more detail). DE (degrees, minutes, & so 8 8 8 8 8 8 75 76 77 - 7 Sation", place an "X" in the owing items: 2. PHON 55 56 - 58 5. ST. 40 41 42 4 tion submitted in this anning the information, I alties for submitting fals C. DATE SIG	box to the left and E NO. (area code & no.) 59 - 61 62 - 65 6. ZIP CODE and all attached believe that the see information,
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 15 16 17. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents.	Section VIII on Form 1, "General Information Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information VIII	tion submitted in this anning the information, I	box to the left and E NO. (area code & no.) So - 61 62 - 63 6. ZIP CODE Ind all attached believe that the see information, SNED Ind all attached believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S T. NAME OF FACILITY'S S. STREET OR P.O. BOX I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of the second that the based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the penalty of law that I have personally examined the based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the penalty of law that I have personally examined the based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have personally examined the penalty of law that I have penalty of the penalty of law that I have	Section VIII on Form 1, "General Information Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information VIII	tion submitted in this anning the information, I	box to the left and E NO. (area code & no.) So - 61 62 - 63 6. ZIP CODE Ind all attached believe that the see information, SNED Ind all attached believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S C E 15 16 15 16 17. OWNER CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual submitted information is true, accurate, and complete. I amincluding the possibility of fine and imprisonment. A. NAME (print or type) DONALD F. DOMNICK, VICE PRESIDENT X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents, and that based on my inquiry of those individual documents.	Section VIII on Form 1, "General Information Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information VIII	tion submitted in this anning the information, I	box to the left and E NO. (area code & no.) So - 61 62 - 63 6. ZIP CODE Ind all attached believe that the see information, SNED Ind all attached believe that the
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0	Section VIII on Form 1, "General Information Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information VIII	tion submitted in this anning the information, I	box to the left and E NO. (area code & no.) 50 6. ZIP CODE 10 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) 4 1 2 9 0 5 0 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in skip to Section IX below. B. If the facility owner is not the facility operator as listed in 1. NAME OF FACILITY'S 3. STREET OR P.O. BOX C. F. S. STREET OR P.O. BOX C. S. STREET OR P.O. BOX D. NAME OF FACILITY'S A. NAME OF FACILITY'S A. STREET OR P.O. BOX C. S. STREET O	Section VIII on Form 1, "General Information Section VIII on Form 1, "General Information Section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, complete the following the section VIII on Form 1, "General Information III on Form 1,	tion submitted in this and ining the information, I laties for submitting false interesting the information, I alties for submitting false interesting false	box to the left and E NO. (area code & no.) 50 6. ZIP CODE 10 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10



PERMIT No. IL 000 1732

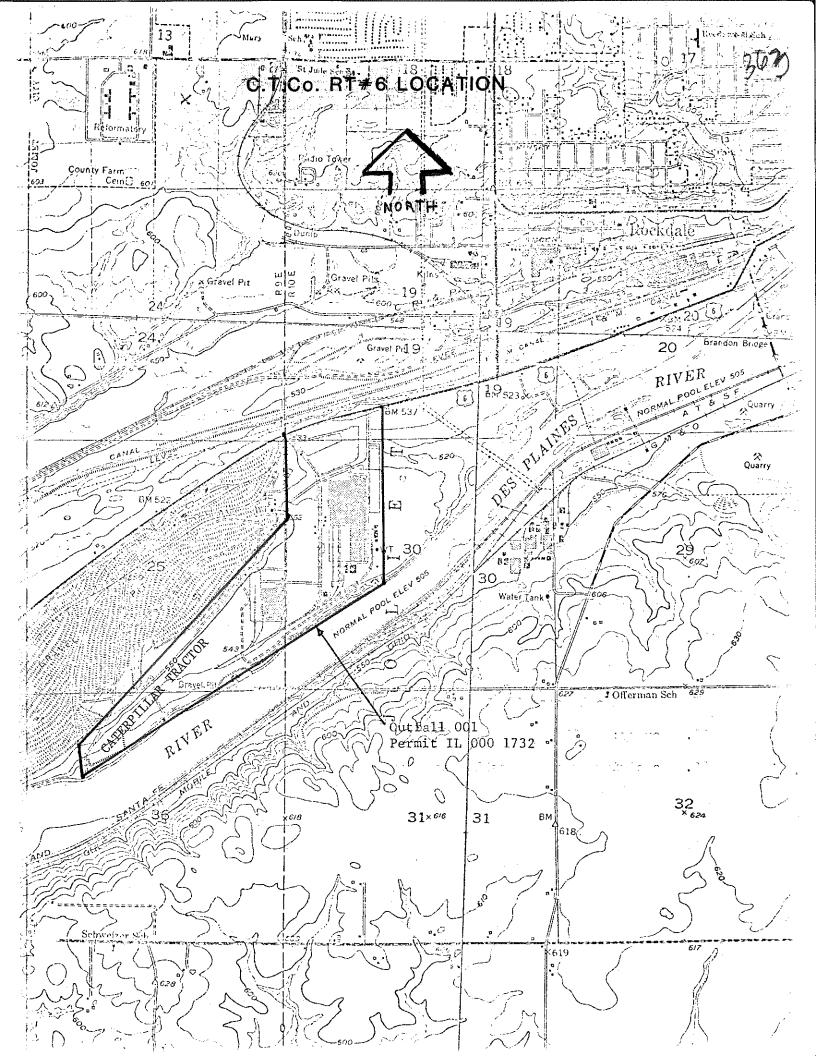
- See other side.
- 2. Total discharges under said permit one.
- 4. Permittee: Caterpillar Tractor Co. Joliet Plant

Name of Discharge: 18" AAO Sewer

- 5. Type of Discharge: Industrial.
- 6. Effluent sampling location
 Prior to April 1978 Bldg. V
 After April 1978 Bldg. VV Flow Distribution Bay
- 7. Influent sampling location: None
- 8. Frequency of Discharge:
 Prior to April 1978 Batch
 After April 1978 Continuous
- 9. Latitude 41 29 05
 Longitude 88 08 03
- 10. Location:

SW 1/4 Section 30 Township 35 North
Range 10 east 3rd PM

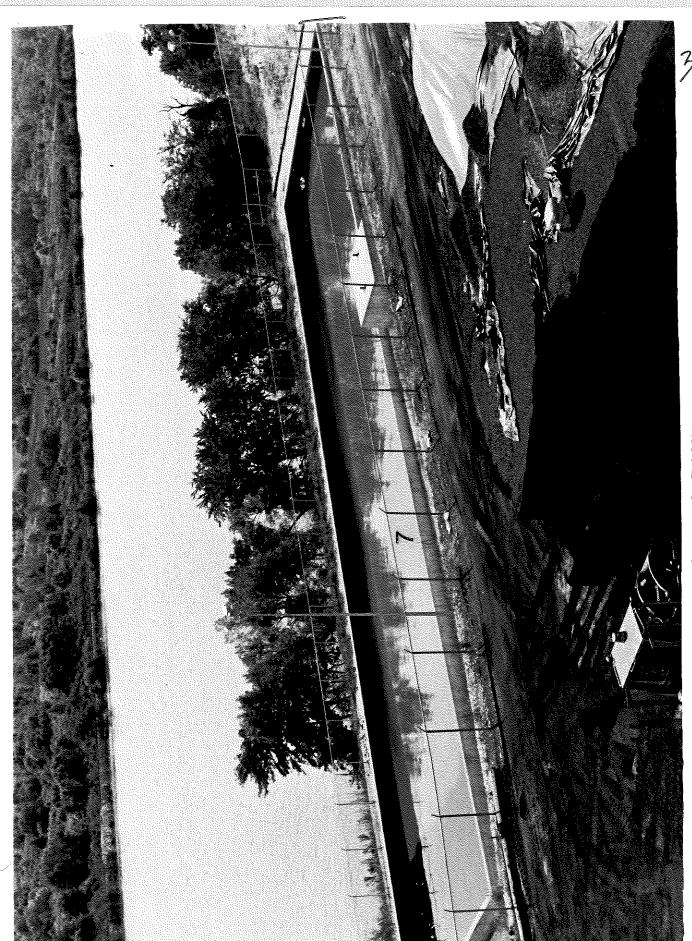
- 11. County: Will
- 12. Receiving stream DesPlaines River



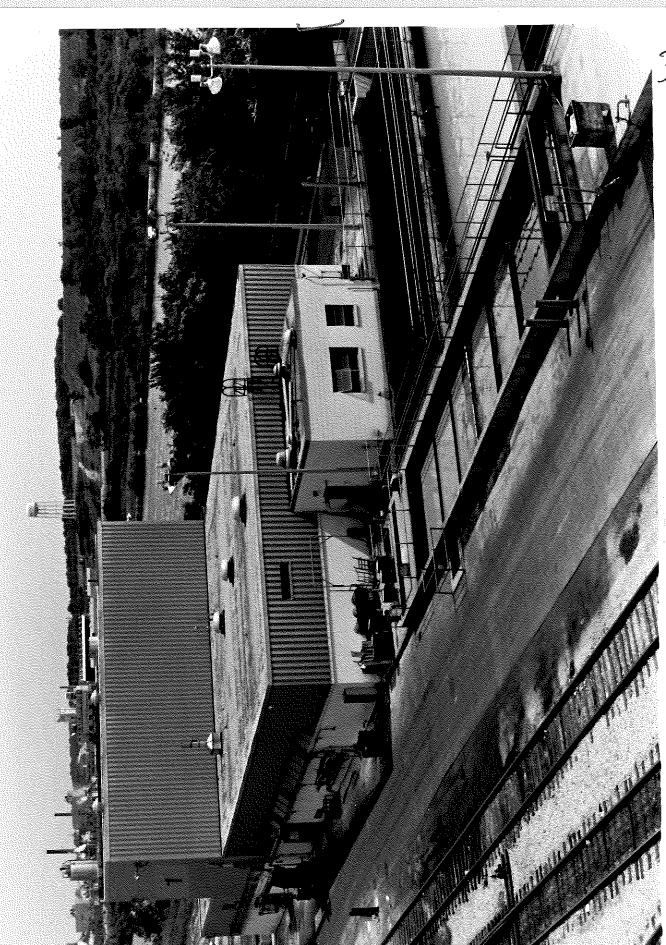
T#6 LOCATION

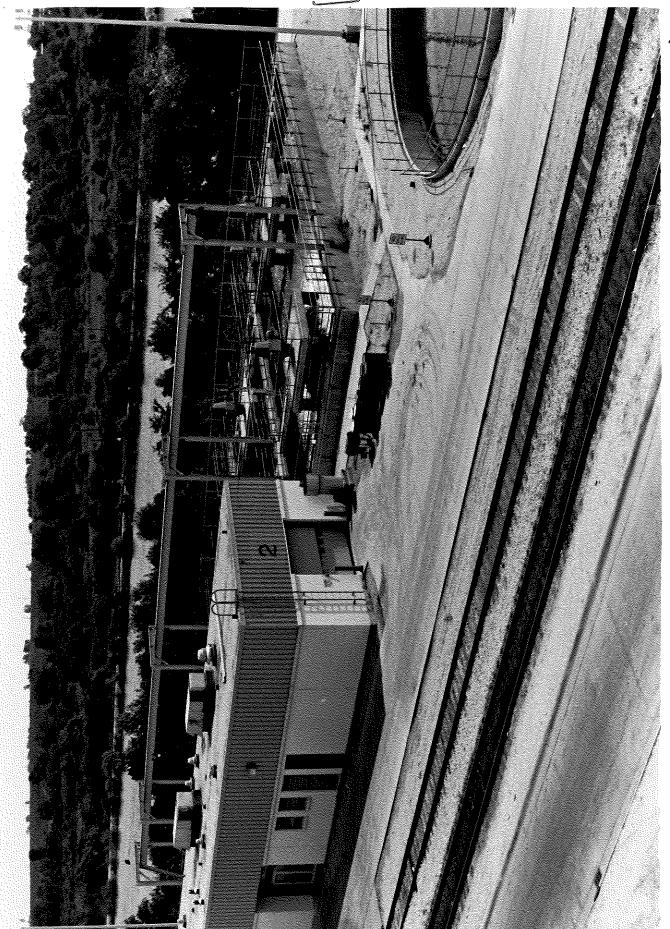
C.T.Co.

-BLDG V



7-HOLDING TANK





2-BLDG-VV

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

217/524-3300

December 8, 1994

Caterpillar, Inc. Attn: Mr. Gary Kantner Post Office Box 504 Joliet, IL 60434-0504

Re: 1970450028 -- Will County

Caterpillar, Inc. ILD005070537

RCRA Log Number: C-512

Date Received: September 28, 1994

RCRA - Closure

Dear Mr. Kantner:

This letter is in response to the certification of closure submitted by Caterpillar, Inc. for the hazardous waste container storage unit at the above referenced facility. This certification, signed by a representative of the owner/operator, Robert R. Macier, Business Unit Manager, and an independent registered professional engineer, Timothy C. Dull, P.E., indicated that the subject hazardous waste management unit had been closed in accordance with the plan approved by the Agency on December 21, 1989, and subsequent modifications.

The subject hazardous waste management unit was inspected by a representative of this Agency on November 3, 1994. The inspection revealed that the unit was closed in accordance with the approved closure plan. In addition, a review of the closure certification and accompanying closure documentation report also indicates that the unit was closed in accordance with the approved closure plan. Therefore, the Agency has determined that closure of the hazardous waste container storage area at the above-referenced facility has apparently met the requirements of 35 IAC Part 725.

As a result of completing closure of the subject hazardous waste management unit:

- 1. The Agency has withdrawn the RCRA Part A application for the above-referenced facility.
- 2. This facility must continue to meet the requirements of 35 IAC 722: Standards Applicable to Generators of Hazardous Waste and 35 IAC 728: Land Disposal Restrictions.
- 3. Caterpillar is hereby relieved from 35 Ill Adm Code 725 Subpart H Financial Requirements at this site, which apparently consisted of financial assurance and liability coverage under the Caterpillar, Inc. Corporate Financial Test, Alternative II for \$287,000 and \$2,000,000 respectively. Caterpillar's corporate anniversary is

Caterpillar, Inc. (C-512) Page 2

> December 31, 1994. The next updated financial instruments will be due March 31, 1995 and should incorporate this change at that time. It must be noted that Caterpillar must maintain liability coverage for its other facilities in Illinois still subject to 35 IAC Part 725.

Should you have any questions regarding this matter, please contact Michael A. Heaton at 217/524-3312.

Sincerely,

Harry A. Chappel, A.E.

Hazardous Waste Branch Manager Permit Section, Bureau of Land

HAC: mah

cc: USEPA Region V -- George Hamper

Paul Sklar -- Woodward-Clyde Consultants (Milwaukee, WI) Timothy Dull, P.E. -- Woodward-Clyde Consultants

(Chicago, IL)

bcc: Bureau File

Maywood Region

Jim Moore

Mike Heaton

Andy Vollmer #24

Sue Doubet #24

Jim Mergen #24

Todd Marvel

Hope Wright



Illinois Environmental Protection Agency . P. O. Box 19276, Springfield, IL 62794-9276

217/782-6761

Refer to: 1970450028 -- Will County

Caterpillar, Inc. 110005070537 Compliance File

Flay 5, 1989

Caterpillar, Inc. Atom: 0. Orenden, Attorney 100 W.E. Adems Street Peoria, Illinois 61629-7310

lear hr. Brenden:

This is to inform you that your financial assurance instruments for the years 1985, 1986, 1987, and 1988 are in order.

Also, as a reminder, your opdated instrument(s) for the year ending December 31, 1989, will be due by March 31, 1990.

If you have any questions or if we can be of assistance, please do not besitate to contact Andrew A. Yollmer at 217/782-6762.

Sincerely.

Angela Aye Tin, Manager Technical Compliance Unit Compliance Section Division of Lang Pollution Control

AAT: 88: 3 ab / 1648k / 46

cc: Division File Maywood Region Srian White Anoy Yolker Fary Europy - USEPA C.2 Compliance/ Enforcement 19 JAN 1989
Ms. Nancy Rantner
Caterpillar Tractor Company
Route 6 and Channahon Road
Joliet, Illinois 60434

Re: Land Disposal Restrictions Caterpillar Tractor Company ILD 005 070 537

Dear Ms. Rantner:

On November 7, 1988, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency, conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the facility's compliance with the applicable hazardous waste management requirements of RCRA, including the Federal land disposal restrictions. The land disposal restrictions for F001-F005 spent solvents became effective on November 8,1986, (40 CFR Part 268 and revisions to 40 CFR Parts 260-265 and 270-271) and for "California List" hazardous wastes on July 8, 1987, (52 Federal Register 25760: revisions to 40 CFR Parts 262, 264, 265, 268, and 270-271).

With respect to the land disposal restrictions section of the inspection, your facility was found to be in compliance with the requirements. A copy of the inspection report is enclosed for your records.

If you have any questions regarding this correspondence, please contact Ronald Brown of my staff at (312) 886-6433.

DATE

Sincerely yours,

Paul E. Dimock, Chief IL/MI/WI Enforcement Program Section

Enclosure

cc: Harry Chappel, IEPA Glen Savage, IEPA RCRA REB SECTION CHIEF CHIEF

mil 12-9-88 F.O.5.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

				(CAKERPILLAR INC.)
U.S. EPA	I.D. No.:	LD005	070537	(IL. EPA#1970450028
Street:			NAHON RO	
City:	Joliet	State:	IL	Zip Code: 60434
Telephone	(8/5)	729-5	721	
Operator:	CATER	pillAR I	Tre.	
Street:	Rt.6	& ChANN	Whon Rd.	
City:	Toliet	State:	IL	Zip Code: 60434
Telephone	: (815)	729-570	2/	
Owner:	CATERPI,	MAR INC		
Street:	100 1	V. ADAMS	55%	20000000
City:	PEDRIA	State:	IL	Zip Code: 6/629-33/5
Telephone	(30	19)675-	5541	
Inspection	Date: 11/7/8	8 Time: 10	45 Weather Cor	aditions: Dry 35°F
Inspection	Name		Weather Cor	Telephone
Inspection Inspectors	Name		filiation	,
	Name	Af	filiation	Telephone
Inspectors	Name	As Brumfiers	filiation	Telephone
Inspectors	Name DARREN	As Brumfiers	Filiation JEPA Y KANTAER	Telephone
Inspectors	Name DARREN	Af Brumfiers NANC	Filiation JEPA Y KANTAER KANTAER	Telephone (3/2) 345-9780 LDR Status
Inspectors	Name DARRE Lepresentatives:	NANC Brance	Filiation JEPA Y KANTAER KANTAER	Telephone (312) 345-9780
Inspectors	Name DARRES Lepresentatives:	NANC Brance	Filiation JEPA Y KANTAER KANTAER	Telephone (3/2) 345-9780 LDR Status
Inspectors	Name DARREN Lepresentatives: Generator Transporter	NANC Brance	Filiation JEPA Y KANTAER KANTAER	Telephone (3/2) 345-9780 LDR Status California List
Inspectors	Name DARRES Lepresentatives:	NANC Brance	Filiation JEPA Y KANTAER KANTAER	Telephone (3/2) 345-9780 LDR Status
Inspectors	Name DARREN Lepresentatives: Generator Transporter	NANC Brance	Filiation JEPA Y KANTAER KANTAER	Telephone (3/2) 345-9780 LDR Status California List

Wastes shipped to:

TSD NAME LOCATION EPA ID NO.	TYPE OF FACILITY T/D METHODS	WASTE CODE	WASTE QUANTITY	COMMENTS (shipment dates, waste descriptions, etc.)
SAFETY KLEEN IN KENTUCKYOS KYDOSS 3481708	Peclaining: Feel Blensing	F003 F005	1210 gals	6-22-88, Liquid WASTEPAINT
Safety KlEEN IN. KENTUCKY KYD 053348108	REclaiming! Feel blensing	F003 F005	110 gals.	Xylol Paint ThinnER Shipped 6-28-88, Liquid
MA_		Fool	550 gols	1,1,1-Tricklonoethane NO shipment off-site yet. This waste is still ON-site(siNCE 2/88)

INSPECTION SUMMARY

Caterpillar, Inc. manufactures parts for other machine products which are assembledelsewhere. The facility's F-ban waste generating process is the paint booth area.

F-SOLVENT WASTE GENERATED

- 1. Xylol Paint Thinner (D001, F003 & F005)
 - Generated from paint booth maintenance.
 - Rate of generation is 1200 gallons per year.
 - One drum was on-site.
- 2. Waste Paint (D001, F003 & F005)
 - Generated from all paint booths.
 - Rate of generation is 550 gallons per year.
 - One drum was on-site.
- 3. 1,1,1 Trichloroethane (F001)
 - Generated from maintenance shop.
 - This waste has only been on-site since 2/88. This waste has no regular rate of generation and is no longer being generated.
 - No shipments have been made yet.
 - There are 15-drums on-site waiting for shipment.

HAZARDOUS WASTE UNIT

S01-Container Storage: This his still active. All waste are stored here before off-site shipment. However, Caterpillar is planning to close this unit and retain a generator status.

Note:

1. Caterpillar had one load of F006 waste (manifest #1994909) rejected by Envirite due to odor problems. The load was returned to Caterpillar and later shipped to CID in Calumet City.

No apparent F-ban violations were noted during the inspection and the site appeared to be in general compliance.

RCRA LAND DISPOSAL RESTRICTION INSPECTION APPLICABILITY CHECKLIST

Does the facility handle the following wastes?

				Gen.	Treat	Store	Disp.	Trans.
A.	F-Se	olvent Wasi	<u>tes</u>					
	1.	F001				- Marie Carlo		
	2.	F002						
	3.	F003						-,
	4.	F004				May Mar.		
	5.	F005		- Lawrence		- Lamendaria		
		Note:	Use Appendia			ther the fa	cility is	-

B. California List Wastes

1. Liquid hazardous waste (including free liquids associated with any solid or sludge) that contains the following metals at concentrations greater than or equal to those specified

		Gen.	Treat	Store	Disp.	Trans.
Arsenic	500 mg/L					
Cadmium	100 mg/L				se	
Chromium VI	500 mg/L	E. Committee				
Lead	500 mg/L	***				
Mercury	20 mg/L					
Nickel	134 mg/L					
Selenium	100 mg/L			-		
Thallium	130 mg/L					

2.	Liquid hazardous any solid or sludge concentrations gre	e) that contains f	ree cyanid	es at	d with	
	MA	Gen.	Treat	Store	Disp.	Trans.
3.	Liquid hazardous Chamic Acio ELVDGE	waste that has a	pH of less	than or ec	ual to 2.0	
4.	Does the fac contains PCE	waste that conta 50 ppm 500 ppm ility mix liquid s with other typ Yes reasons for mixi	hazardous les of waste	waste that	NA	
5.	Liquid hazardous greater than or eq than 10,000 mg/L	ual to 1,000 mg/				
	Note: The prohib waste is also subjespecific HOC.					

RCRA LAND DISPOSAL RESTRICTION INSPECTION GENERATOR CHECKLIST

GENERATOR REQUIREMENTS

1.	F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?
	Yes No NA
	If yes, check the appropriate treatability group.
	Wastewaters containing solvents (less than or equal to 1% TOC by weight) Pharmaceutical wastewater containing spent methylene chloride All other spent solvent wastes
2.	California List Wastes: Does the generator correctly determine the appropriate treatment standard of the waste?
	a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?
	Yes NoNA
	If yes, specify the method:
	b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated or disposed of by other approved alternate methods (40 CFR 761. 60 (e))?
	Yes No NA
	If yes, specify the method and state whether the facility has submitted a written request to the Regional Administrator or Assistant Administrator for an exemption from the incineration requirement:
	The facility is requiring that the waste

1.	F-Sc	livent wastes
	a.	Does the generator determine whether the F-solvent waste exceeds treatment standards?
		Yes No NA
		How was this determination made?
		- Knowledge of waste
		If yes, note how this is adequate:
		- TCLP Yes No
		If yes, provide the date of last test, the frequency of testing, and note any problems. Attach test results. ANALysis ARE Attaches
	b.	Does the F-solvent waste exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?
		Yes No NA
		If yes, specify the waste stream: FODI, FOO3, FOO5
	c.	Does the generator dilute the F-solvent waste as a substitute for adequate treatment [268.3]?
		Yes NoNA
	d.	How does the generator test F-solvent waste when a process or waste stream changes? NO PROCESS Changes OR waste Stream Changes
		и.
2.	Cali	fornia List Wastes
	a.	Does the generator determine whether the waste is a liquid according to the Paint Filter Liquids Test (PFLT method 9095) as described by SW-846?
		Yes No NA
		6 Revised 11-03-87

Waste Analysis

B.



cienti CONTROL LABORATORIES, INC.

TESTING • RESEARCH • CONSULTING

REPORT TO:

Caterpillar Tractor Company

Route 6

Joliet, IL 60434

TTENTION:

Ms. Nancy Kantner

ORDER NO.:

JBJE-04690

REPORT NO.

3-305

TYPE TERT:

RECEIVED

5-15-86

SPECIFICATION NO.:

Waste Analysis

REPORTED:

5-30-86

IDENTIFICATION OF MATERIAL:

One (1) Waste sample - picked up by our laboratory personnel, identified #049 - Xylol With Paint (Waste Paint Thinner) Rt. 6 dated 🗟 5-06-86 @ 10:30 AM.

PURPOSE:

The purpose of the testing is to determine if the submitted sample is hazardous as per 40 CFR, Part 261, Appendix II.

TOXICITY:

PROCEDURE:

The sample was leached and analyzed in accordance with the procedure specified in 40 CFR, Part 261, Appendix II.

RESULTS:

<u>Parameter</u>	EPA Hazardous Waste Number	Maximum Allowable Concentration (mg/l)	Analysis (mg/l)
Arsenic Barium Cadmium Chromium Hexavalent Chromium Lead Mercury Selenium Silver Nickel	D004 D005 D006 D007 D007 D008 D009 D010	5.0 100. 1.0 5.0 5.0 5.0 0.2 1.0 5.0 20.0	*1.0 *1.0 *0.1 *0.1 *0.1 *0.1 *0.01 *1.0 *0.1

^{*}Denotes "less than" (below detectable limit of procedure used).

Scientific CONTROL LABORATORIES, INC.

Cater	pillar	Tractor	Company
Page	two		

Lab. No. 3-305 May 30, 1986

II. IGNITABILITY - (D001):

PROCEDURE:

The Flash Point was determined in accordance with ASTM D-93-79.

RESULTS:

Flash Point (Closed Cup)

64 OF

Minimum Allowable 1

140°F

III. CORROSIVITY - (D002):

PROCEDURE:

If the pH of the sample is less than or equal to 2.0 or greater or equal to 12.5, the corrosivity (ie; Total Acidity/Total Alkalinity) is determined in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

RESULTS:

pH (10% by wt)

7.09

Total Acid/Total Alkaline (if necessary) (mg/l CaCO₃)

Not Applicable

IV. REACTIVITY - (D003):

PROCEDURE:

The sample was analyzed in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods SW846 USEPA".

RESULTS:

Parameter

Concentration in ppm

Total Cyanide Sulfide Phenol *10. *2.0 7.8

This waste would be considered hazardous based on: Ignitability *Denotes "less than" (below detectable limit of procedure used).

Respectfully submitted,

SCIENTIPIC CONTROL LABORATORIES, INC.

Ву

Frank Altmayer

FA:lls

PENT MATER: LS/WASTE PRODUCTS QUALIFICATION OFFICE USE ONLY

v. lesson

McKesson Envirosystems Co. 127 West Berry St., 260 Commerce Building, Fort Wayne, IN 46802 Tel 219 424-1940

8/88

McKesson Envirosystems Laboratory State Highway 146 New Castle, KY 40050	McKesson Envirosystems of Puerto Rico Laboratory KM 51, Highway 2 Manati, PR 00701	McKesson Envirosystems Laboratory 633 East 138th Street Dolton, IL 60419		
CATERPILLAR INC.		CUSTOMER SAMPLE NO.	SURVEY 54	CONTROL NO.
BILLING ADDRESS		SAMPLE COLLECTION DATE	SAMPLE	RECEIPT DATE
STREET DISBURSEMENTS DIVISI	ON LD 135	,	9-	22-86
EAST PEORIA	STATE ZIP	WASTE DESCRIPTION XYLENE/PAINT WASTE		
Volatile Organics (Relative Area	C TCD	/extracted) 4-5/		<u>Metals</u>
METHANOL		ntrifuged)		Pbppr
ISOPROPYL ALCOHOL			_% wt.	Crppr
METHYL ETHYL KETONE	0.2 % Viscosity			Znppr
BUTANOL		aravity <u>0.860</u>		Feppr
METHYL ISOBUTYL KETONE	9.5 % PCBs			Тіррі
TOLUENE	14.2 % Nonvolatil	e Residue 20.77	_% wt.	ppi
CELLOSOLV ACETATE	0.5 % Flash Poi	nt (closed cup)	°F	ррі
BUTYL CELLOSOLV		e 🗆 Waste 🗆 Distillation B	ottomo	ppi
XYLENE				pp
MINERAL SPIRITS		ogen (titration) 0.3 % wt		рр
MINERAL OF INITO		bomb) 9 2	06 vet	pp
No. 6	0/4	bomb) <u>9.2</u>		pp
	% Phase Int	formation:		Inorganics
	%		····	CI% w
	0/0		·	Br% w
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Recovery	(distillation)	_% wt.	F% w
Total	Recovery	(calculated)		S% w
		I Analytical Information:		P% w
Volatile Organics (Wt. Per Cent)				% v
	%			% v
	%			% v
-	%		<u> </u>	<u> </u>
Determinations reported abo	we were chosen based on the san	nple matrix and potential recycling/dis		ons for the waste.
DG. IRP.	10-9-86	mare For	rele	16-14-8
Chemist Signature	Completion Date	Plant Approval (1	Date
CORPORATE REVIEW	lealth nd Safety 200 2 10 21 8	Transportation אַנאַן מעל	Quality	A Jobular
McKesson hereby warrants that ty(s) checked below and that sai associated with the waste have as to render the attached Surv	d facility(s) has/have the app been fairly disclosed on th	ropriate permit(s) and can accep e Survey and the composition	ot this wast of the was	e as long as all hazar ite does not change
100-			Please no	ote this approval no. on a manifests.
youke Joung		10-22-86	Approva	
Signature	· : : : : : : : : : : : : : : : : : : :	Date	Approva	110.
New Castle, KY.	Dolton, IL	∃ Manati, PR		
KYD053348108	ILD980613913	PRD090399718		
	. •			



05/09/88

LABORATORY REPORT

PAGE :

C490 8421074 B42 KP/* / / /

CATERPILLAR, INC., JOLIET PLANT
RT 6-CHANNAHON ROAD P. O. BOX 504
JOLIET ,IL 60434
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3
DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

	TEST NAME	RESULT	UNITS						eri esti esti		
4	HEXACHLOROETHANE - TCLP	<0.10	MG/L								!
	TOXAPHENE - TCLP	N/T	MG/L								!
į.		SAMPLE NOT	AMENABLE	TO	TEST	1		*			
	ARSENIC - TCLP	0.004	MG/L								!
	BARIUM - TCLP	1.1	MG/L						4		ļ
 	CADMIUM - TCLP	0.5	MG/L				•		+ 1 - + 1 - 1		!
Ġ	CHROMIUM - TCLP	0.3	MG/L							All	!
	LEAD - TCLP	3.6	MG/L							• •	į
٧.	ERCURY - TCLP	<0.01	MG/L								!
	SELENIUM - TCLP	<0.002	MG/L	4							ļ.
	SILVER - TCLP	<0.1	MG/L							. 4	!
	ACRYLONITRILE - TCLP	<0.10	MG/L								ļ
	CARBON DISULFIDE - TCLP	<0.10	MG/L					•		entra de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela	!
413	2-METHYLPHENOL - TCLP	<0.25	MG/L						100		!
	3-METHYLPHENOL - TCLP	<0.25	MG/L						*		!
	4-METHYLPHENOL- TCLP	<0.25	MG/L								!
	ISOBUTANOL - TCLP	<0.10	MG/L								!
	METHYL ETHYL KETONE - TCLP	<0.10	MG/L								!
ſ,	PYRIDINE - TCLP	<0.25	MG/L						. *		1
	2,3,4,6-TETRACHLOROPHENOL-	<0.25	MG/L								į
ġ	BENZENE - TCLP	5.1	MG/L								!
	CARBON TETRACHLORIDE - TCLP	<310	MG/L					T-10-14-1			!
	CHLOROFORM - TCLP		MG/L								!
	1,2 DICHLOROETHANE - TCLP	<310	MG/L								!
	1,1 DICHLOROETHYLENE - TCLP		MG/L								!
	1,1,1,2 TETRACHLOROETHANE-TCLP		MG/L								!
12	1,1,2,2 TETRACHLOROETHANE-TCLP		MG/L		•						!
Š	TETRACHLOROETHYLENE - TCLP		MG/L						-		!
À	TOLUENE - TCLP		MG/L								!
	CHLOROBENZENE - TCLP		MG/L					/			!
	BIS (2-CHLOROETHYL) ETHER-		MG/L							•	•
	1,4-DICHLOROBENZENE - TCLP		MG/L						•		!
٠,	2,4-DINITROTOLUENE - TCLP		MG/L								ţ
_	"XACHLOROBENZENE - TCLP	<0.10	MG/L								!

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE

RECEIVING DATE OF SAMPLE. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

! = REPRINT FAX #414-764-0486

N/T = NOT TESTED

TESTED N/A = NOT APPLICABLE
WI DNR LAB CERTIFICATION #241283020

APPROVAL _______



05/09/88

LABORATORY REPORT

PAGE

C490 8421074 KP/* /

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 JOLIET ,IL 60434 ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3 DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

	TEST NAME	estelli per la la compania della disconsidia. La compania di	RESULT		UNITS									
Į.														
:	HEXACHLOROBUTADIENE	- TCLP	<0.10		MĠ/L								• •	!
1	NITROBENZENE - TCLP		<0.10		MG/L							•		!
	PENTACHLOROPHENOL -	TCLP	<0.25		MG/L									!
 	PHENOL - TCLP		<0.25		MG/L						•			!
1	CHLORDANE - TCLP		N/T		MG/L							1		!
V.			SAMPLE	NOT	AMENABLE	TO	TEST				,			13
Š	ENDRIN - TCLP		N/T		MG/L							1	F. ee	1
1	HEPTACHLOR - TCLP		N/T		MG/L	٠.								!
	HEPTACHOLR EPOXIDE	- TCLP	N/T		MG/L									!
1	LINDANE - TCLP		N/T		MG/L								••	!
	METHOXYCHLOR - TCLP		N/T		MG/L									!
į	2,4-D - TCLP		N/T		MG/L									!
			SAMPLE	TOM	AMENABLE	TO	TEST							
8	BARIUM - TOTAL		1.4		PPM									!
Ĭ.	CADMIUM - TOTAL	•	0.4		PPM .	٠				÷ *		1	-	! .
	CHROMIUM - TOTAL		0.5		PPM			•				٠		!
Č.	LEAD - TOTAL		2.7		PPM									!
	SILVER - TOTAL		<0.1		PPM							1		!
1	ARSENIC - TOTAL		0.038		PPM								15	.!
	SELENIUM - TOTAL		0.049		PPM									!
	MERCURY - TOTAL	i jest sies i	<0.01		PPM -					-	100	- 100		.!
	TOTAL ORGANIC CARBO	И	33000		PPM				·*			M.A.		1 :
. 5	% CHLORINE		60		%				100		٠		i nga. Masa	, į
- 1	COLOR		BROWN											1 -
es N	AIR REACTIVITY				PPM									1 2
			NEGATIV	VE.	•									
der Vo	WATER REACTIVITY	•			PPM,				•					:
			NEGATIV	VΕ										
١.	PHYSICAL CHARACTERIS	STICS	LIQUID					•					٠	•
1	FREE LIQUIDS		99		%									:
ا د	EXTRACTABLE ORGANIC	HALIDE	570000		PPM									\$

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020. IST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ANNUAL BOOKS OF ASTM STANDARDS, 1982.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486 ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED. RECEIVING DATE OF SAMPLE

! = REPRINT FAX #414-764-0486 N/T = NOT TESTED WI DNR LAB CERTIFICATION #241283020

N/A = NOT APPLICABLE

APPROVAL GEE

(800) 592-5900 DT332



05/09/88

LABORATORY REPORT

PAGE 3

C490 8421074 B42 KP/* / //

CATERPILLAR, INC., JOLIET PLANT
RT 6-CHANNAHON ROAD P. O. BOX 504
JOLIET ,IL 60434
ATTN: NANCY KANTNER

SAMPLE 88049-C06652 1-1-1 TRICHLOROETHANE / 88-3 DATE COLLECTED 02/16/88 DATE RECEIVED 02/18/88

TEST NAME	RESULT	UNITS						· · ·		
ACID REACTIVITY		PPM								!
BASE REACTIVITY	NEGATIVE	PPM								1
DAGE ADACITATI	NEGATIVE	2.1.1								Šķ.
ACIDITY, AS CACO3	6000	PPM								1
ALKALINITY TOTAL, AS CACO3	2000	PPM								!
FLASH POINT (FAHRENHEIT)	>210	DEG. F						*		1 :
PH (UNITS)	7.4									1
	PH DONE ON	10% SOLUT	TION.							
SPECIFIC GRAVITY	1.3	G/ML							•	!
TOTAL SOLIDS	6.8	%							4. 4	i
PHENOLICS	1.6	PPM								!
TOTAL CYANIDE	<10	PPM				-				!
REACTIVE CYANIDE	<10 .	PPM								1
TOTAL SULFIDE	<2	PPM							4.5	1 .
REACTIVE SULFIDE	<1.0	PPM	•						. 4	! ;
LOAD BEARING(PENETROMETER)	<0.5	TON/SQF								!
PCB'S - SOLIDS, OIL, WASTE	25	PPM	and the second sections	en jaron en gyang.	or progress to a	esta e e e e				!
	AROCHLOR 1	260 /TCLP	PARAME'	TERS	RUN ON	NON-	ż		Ŷ	
	EXTRACTED	SAMPLE DUE	TO AB	SENCE	OF SO	LIDS 🌡	ř			٠. *

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020.

**ST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846.

ETHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233.

F YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE RECEIVING DATE OF SAMPLE. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

WI DNR LAB CERTIFICATION #241283020

! = REPRINT

N/T = NOT TESTED

N/A = NOT APPLICABLE

APPROVAL GEE

(800) 592-5900 DT332

ENV.RONMENTAL SERVICES

E10/22/87

LABORATORY REPORT

PAGE 1

C490 8417008

CATERPILLAR, INC., JOLIET PLANT

RT 6 BOX 504

JOLIET

,IL 60434

ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT
DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/87

TEST NAME	RESULT	UNITS
HEXACHLOROETHANE	<0.035	MG/L
TOXAPHENE	<0.04	MG/L
ARSENIC	<0.001	MG/L
BARIUM	0.14	MG/L
CADMIUM	<0.05	MG/L
CHROMIUM	<0.05	MG/L
LEAD The state of	1.8	MG/L
MERCURY	<0.0002	MG/L
SELENIUM	<0.002	MG/L
SILVER	<0.05	MG/L
ACRYLONITRILE	<1.4	MG/L
CARBON DISULFIDE	<1.4	MG/L
O-CRESOL	<0.025	MG/L
M-CRESOL	<0.025	MG/L
P-CRESOL	<0.025	MG/L
ISOBUTANOL	<1.4	MG/L
METHYL ETHYL KETONE	<1.4	MG/L .
PYRIDINE	<1.4	MG/L
2,3,4,6 TETRACHLOROPHENOL	<0.023	MG/L
BENZENE	11	MG/L
CARBON TETRACHLORIDE	<0.001	MG/L
CHLOROFORM	<0.001	MG/L
1,2 DICHLOROETHANE	<0.001	MG/L
1,1 DICHLOROETHYLENE	<0.001	MG/L
1,1,1,2 TETRACHLOROETHANE	<0.001	MG/L
1,1,2,2 TETRACHLOROETHANE	<0.001	MG/L
TETRACHLOCOLTHYLENE	0.007	MG/L
TOLUENE	4.9	MG/L
CHLOROBENZENE	<0.001	MG/L
BIS (2 CHLOROETHYL) ETHER	<0.01	MG/L
1,4 DICHLOROBENZENE	<0.01	MG/L
2,4 DINITROTOLUENE	<0.01	MG/L
HEXACHLOROBENZENE	<0.01	MG/L
HEXACHLOROBUTADIENE	<0.01	MG/L

Y YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486

ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 8 WEEKS FROM THE

RECEIVING DATE OF THIS REPORT. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

N/T = NOT TESTED N/A = NOT APPLICABLE APPROVAL

CHEM-BIO CORPORATION

ENV..RONMENTAL SERVICES

10/22/87

LABORATORY REPORT

PAGE 2

C490 8417008 W43

CATERPILLAR, INC., JOLIET PLANT RT 6 BOX 504

JOLIET

,IL 60434

ATTN: NANCY KANTNER

SAMPLE 87224-C06481 WASTE PAINT

DATE COLLECTED 08/11/87 DATE RECEIVED 08/12/87

TEST NAME	RESULT	UNITS
NITROBENZENE	<0.01	MG/L
PENTACHLOROPHENOL	<0.023	MG/L
PHENOL	<0.023	MG/L
CHLORDANE	<0.04	MG/L
ENDRIN	<0.04	MG/L
HEPTACHLOR	<0.04	MG/L
HEPTACHOLR EPOXIDE	<0.04	MG/L
LINDANE	<0.04	MG/L
METHOXYCHLOR	<0.04	MG/L
2,4-D	<2.0	MG/L
	* •	

TF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT.FAX # 414-764-0486

/Y REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 8 WEEKS FROM THE
RECEIVING DATE OF THIS REPORT. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

N/T = NOT TESTED N/A = NOT APPLICABLE APPROVAL



ENVIRONMENTAL

140 EAST RYAN ROAD OAK CREEK, WI 53154-4599 (414) 764-7005

06/08/88

LABORATORY REPORT

PAGE

C490 8422597 KP/* /

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 JOLIET ,IL 60434 ATTN: NANCY KANTNER

88113-C06651 WASTE PAINT 88-18 SAMPLE

DATE RECEIVED 04/22/88 DATE COLLECTED 04/19/88

TEST NAME	RESULT	UNITS	EP TOXIC	ITY	EP LIMIT	HAZ.CODE
		DDM				2 de 1
BARIUM - TOTAL	14	PPM	40 OF	MG/L	1.0	
CADMIUM - TOTAL	4.6	PPM	<0.05	MG/L MG/L	5.0	1.3
CHROMIUM - TOTAL	13	PPM	<0.05			
LEAD - TOTAL	87	PPM	<0.5	MG/L	5.0	- 2"
SILVER - TOTAL	2.5	PPM	•			
ARSENIC - TOTAL	0.37	PPM				
SELENIUM - TOTAL	<0.020	PPM				
MERCURY - TOTAL	<0.01	PPM			-	
TOTAL ORGANIC CARBON	N/T	PPM				
J			E TO SAMPLI	E TYPE.		
% CHLORINE	0.12	. %				
COLOR	YELLOW				4	
AIR REACTIVITY	NONE	PPM				
WATER REACTIVITY	NONE	PPM				
PHYSICAL CHARACTERISTICS	LIQUID					
FREE LIQUIDS	95	%				
EXTRACTABLE ORGANIC HALIDE	170	PPM				
ACID REACTIVITY	NONE	PPM				er er
BASE REACTIVITY	NONE	PPM				
ACIDITY, AS CACO3	1600	PPM				
ALKALINITY TOTAL, AS CACO3	900	PPM				
FLASH POINT (FAHRENHEIT)	92	DEG. F			140.0	D001
PH (UNITS)	6.5				2.0-12.5	
		ON 10% SOL	UTION.			
SPECIFIC GRAVITY	1.07	G/ML				
TOTAL SOLIDS	55	%		* -		1.0
PHENOLICS	61	PPM			•	•
TOTAL CYANIDE	<10	PPM				
REACTIVE CYANIDE	<10	PPM				
TOTAL SULFIDE	<2.0	PPM		-	<i>f</i>	
REACTIVE SULFIDE	<1.0	PPM				
						1 2.

METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, 1979, EPA-600/4-79-020. EST METHODS FOR EVALUATING SOLID WASTE, PHYSICAL/CHEMICAL METHODS, 1982, EPA SW846. ANNUAL BOOKS OF ASTM STANDARDS, 1982.

FIF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486 ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE WI DNR LAB CERTIFICATION #241283020/A.I.H.A. RECEIVING DATE OF SAMPLE. APPROVAL/

N/T = NOT TESTED

N/A = NOT APPLICABLE

FAX #414-764-0486

WI DNR LAB CERTIFICATION #241283020

(800) 592-5900 DT332



06/08/88

LABORATORY REPORT

PAGE

KP/* /

CATERPILLAR, INC., JOLIET PLANT RT 6-CHANNAHON ROAD P. O. BOX 504 ,IL 60434 JOLIET

ATTN: NANCY KANTNER

88113-C06651 WASTE PAINT 88-18

DATE COLLECTED 04/19/88 DATE RECEIVED 04/22/88

TEST NAME	RESULT	UNITS	EP TOXICITY	E	PLIMIT	HAZ.CODE
LOAD BEARING(PENETROMETER)	<0.5	TON/SQF				
1,1,2-TRICHLOROETHANE	<0.005	PPM	•			
META-CRESOL	<0.010	PPM				
ORTHO-CRESOL	<0.010	PPM				* ***
PARA-CRESOL	<0.010	PPM				
NITROBENZENE	<0.10	PPM	•			- 12 m
PYRIDINE	<0.010	PPM				
SOLVENT SCAN	<0.010	PPM				

METHODS 601-612, FEDERAL REGISTER, VOL. 44, NO. 233.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR CLIENT SERVICE DEPARTMENT. FAX # 414-764-0486 ANY REMAINING WASTE SAMPLES WILL BE RETURNED TO THE ADDRESS LISTED ABOVE 6 WEEKS FROM THE RECEIVING DATE OF SAMPLE. WI DNR LAB CERTIFICATION #241283020/A.I.H.A. ACCREDITED.

N/T = NOT TESTED

N/A = NOT APPLICABLE WI DNR LAB CERTIFICATION #241283020

APPROVAL () (800) 592-5900 DT332



ENVIRONMENTAL SERVICES

CHEM-BIO CORPORATION 140 East Ryan Road • Oak Creek, WI 53154-4599 (414) 764-7005

June 13, 1988

Caterpillar, Inc., Joliet Plant RT 6-Channahon Road P.O. Box 504 Joliet, IL 60434 Attn: Nancy Kantner

Dear Ms. Kantner,

Per your request you will find a list of the solvent scan parameters with their results on sample 88113-C06651.

TEST NAME	RESULT	·	JNIT
ACETONE	<0.010		PPM
BENZENE	< 0.010		PPM
N-BUTANOL	<0.010		PPM
2-BUTOXYETHANOL	<0.010		PPM
BUTYL ACETATE	<0.010		PPM
CARBON DISULFIDE	< 0.010		PPM
CARBON TETRACHLORIDE	< 0.010		PPM
CHLOROBENZENE	<0,010		PPM
CHLOROFORM	<0.010		PPM
CYCLOHEXANONE	<0.010		PPM
O-DICHLOROBENZENE	<0.010		PPM
ETHANOL	<0.010		PPM
2-ETHOXYETHANOL	<0.010		PPM
2-ETHOXYETHANOL ACETATE	<0.010	e de la companya de	PPM
ETHYL ACETATE	<0.010		PPM
ETHYL ETHER	<0.010	÷	PPM
ETHYLBENZENE	<0.010		PPM
ISOBUTANOL	<0.010	•	PPM
ISOPROPANOL	<0.010		PPM
METHANOL	<0.010		PPM
METHYL ETHYL KETONE	<0.010		PPM
METHYL ISOBUTYL KETONE	<0.010		PPM
METHYLENE CHLORIDE	<0.010		PPM
STYRENE	<0.010		PPM
TETRACHLOROETHYLENE	<0.010		PPM
TOLUENE	<0.010	•	PPM
1,1,1-TRICHLOROETHANE	<0.010		PPM
TRICHLOROETHYLENE	<0.010	•	PPM
TRICHLOROFLUOROMETHANE	<0.010		PPM
1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE	<0.010		PPM

b.	If the waste is determined to be a liquid according to PFLT, is an absorbent added to the waste?
:	YesNoNA
	What type of absorbent is used?
	Liquid hazardous waste having a pH less than or equal to 2
	Liquid hazardous waste containing HOCs in concentrations greater than or equal to 1,000 mg/L, but less than 10,000 mg/L
	Liquid hazardous waste containing metals
	Liquid hazardous waste containing free cyanides
c.	Does the generator determine whether the concentration levels (not extract or filtrate) in the waste equal or exceed the prohibition levels or whether the waste has a pH of less than or equal to 2.0 based on:
	- Knowledge of wastes
	Yes No NA
	If yes, note how this is adequate:
	- Testing Yes No NA
	If yes, list test method used: $\frac{5\omega - 846}{}$
đ.	Does the generator determine if concentration levels in PFLT extract exceed cyanide and metals concentration levels?
	Yes No NA
	If yes, list test method used and constituent and concentration levels that exceeded prohibition levels:
	RECEIVED
e.	Does the generator dilute the waste as a substitute for adequate treatment [268.3]?
	YesNoNA
	7 Revised 11-03-87

<u>Man</u>	agement
1.	On-Site Management
	Is waste that exceeds the treatment standards treated, stored, or disposed on-site?
	Yes No
	If yes, the TSD Checklist must be completed.
2.	Off-Site Management
	a. Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?
	Yes No
	If yes, does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?
	Yes No
	If yes, does notification contain the following?
	EPA Hazardous waste number(s) Yes No
	Applicable treatment standards Yes No
	Manifest number - Yes No
	Waste analysis data, if available Yes No
	Identify off-site treatment or storage facilities: Satety Kleen Enro-systems
	b. Does the generator ship any waste that meets the treatment standards to an off-site disposal facility?
	Yes No
	If yes, does the generator provide notification and certification to the disposal facility [268.7(a)(2)]?
	Yes No N/A

C.

If yes, does notification contain the following?						
\$ **	EPA Hazardous waste number(s)	Yes No				
10	Applicable treatment standards	Yes No				
MA	Manifest number	Yes No				
	Waste analysis data, if available	Yes No				
	Certification that the waste meets treatment standards	Yes No				
	Identify off-site land disposal facilities:					
. \						
c.	If the waste is subject to a nationwide v (e.g., solvent-water mixtures less than 1% (268.5), or petition (268.6), does the gene provide notification to the off-site disportant the waste is exempt from land disportant the control of the control o	b), extension rator osal facility osal				
	Yes N	O NA				
(i.e., boile	t Using RCRA 264/265 Exempt Units or I rs, furnaces, distillation units, wastewater t tanks, elementary neutralization, etc.)	Processes M/A				
Are unde	treatment residuals generated from units er RCRA 264/265? YesN	997 B				
If ye	es, list types of waste treatment units and	processes:				

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TRANSPORTER CHECKLIST

ΓR	ANSPORTER REQUIREMENTS
Α.	Does the transporter accumulate waste for more than 10 days [268.50(A)(3)]?
	Yes No
	If yes, check the appropriate regulatory status: Interim status for storage RCRA permit for storage If no, describe inventory controls to ensure that wastes are not stored for more than 10 days:
В.	Does the transporter mix, combine, or recontainerize wastes?
	Yes No
C.	Is the waste treated in an exempt treatment process on-site?
	Yes No

RCRA LAND DISPOSAL RESTRICTION INSPECTION TSD CHECKLIST

TSD REQUIREMENTS

•	Gene	eral F	acility Standard	<u>ls</u>			
	1.		the waste analyrements [264.13		Part 268		
		o F-	solvent	Yes	No	NA	
		o Ca	ilifornia List	Yes	No	NA	
	2.		the facility obtes and residues?		tive chemical an	nd physical analyses of	
				Yes	No	F-bins	
		a.	What date was	the waste anal	ysis plan last re	evised? 8-29-88	
		b.	Are analyses co	onducted on-sit	e or off-site?		
					On-site	Off-site	
			Identify off-si	te lab: INDEC	RENDENT LAS	95	
		c.	Is F-solvent wa	iste analyzed u	sing TCLP?		
				Yes	No	NA	
		d.	Describe the fr	equency of sar	npling: Bef	ONE EVERY	
		d. Describe the frequency of sampling: BEfore EVERY Shipment					
		e.			dentify manifes	at discrepancies:	
	3.		he operating re lete [264.73/265		g analyses and	quantities,	
			(/	X Vac	No		

Sto	rage (268.50)
1.	Are restricted wastes stored on-site? Yes No
	If no, go to C, Treatment in Surface Impoundments.
2.	If yes, check the appropriate method.
	Tanks Containers
3.	Are all containers clearly marked to identify the contents and date(s) entering storage?
	Yes No NA
4.	Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage? Yes No
	Yes No
5.	Do operating records agree with container labeling?
	Yes No NA
6.	Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?
	Yes No NA
	If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?
	Yes No
	If yes, state how:

B.

7.	Have tanks been emptied at least once per year since the applicabl regulations went into effect?	e LDR
	Yes No NA	NO TANKS
	If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume? Yes No ~/p	
	i es No //	
8.	Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?	
	Yes No NA	
C. <u>Tre</u>	eatment NO ON-SITE TREATMENT	NA
1.	Does the facility treat restricted wastes other than in surface impoundments?	(
	Yes No If no, go to D, Treatment in Surface Impoundments.	
2.	Describe the treatment processes:	
3.	Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue from all treatment processes is less than treatment standards [268.7(b)]?	
	Yes No	
4.	Describe frequency of testing treatment residuals:	
5.	Is dilution used as a substitute for treatment?	
	Yes No)

6.	Are notifications prepared by the generators kept in the facility's operating record?
	Yes No WAX
7.	Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility? Yes No NA
	If yes, does the treatment facility provide notification and certification to the disposal facility? Yes No
9	If yes, does notification contain the following?
NA	EPA Hazardous waste number(s) Yes No
	Applicable treatment standards Yes No
	Manifest number Yes No
)	Waste analysis data, if available Yes No
	Certification that the waste meets the treatment standards Yes No
V	Identify off-site disposal facilities:
D. <u>Tre</u> z	etment in Surface Impoundments HA -> NO SURFACE impoundments
1.	Are restricted wastes placed in surface impoundments for treatment?
	Yes No
6	If no, go to E, Land Disposal.
2.	If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?
	Yes No

		c. Are residues subsequently managed in another surface impoundment? Yes No
		d. Are residues treated prior to disposal?
		Yes No
		If yes, are waste residues treated on-site or off-site?
	•	On-site Off-site
		Identify treatment method:
196		<u> </u>
E.	Lan	Disposal No LAND Disposing
	1.	Are restricted wastes placed in land disposal units such as landfills, surface impoundments waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?
		Yes No
		Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.
		If yes, specify which units and what wastes each unit has received:
	2.	Does the facility operating record have notices and certifications from generators/storer/treaters [268.7(c); 268.7(a),(b)]?
		Yes No
	3.	Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]? Yes No
		If yes, at what frequency?

f 4 6 152 46/



Illinois Environmental Protection Agency 2200 Churchill Road, Springfield, IL 62706

217/782-6761 .

Refer to: 1970450028 -- Will County

Caterpiliar, Inc. TLD008070637 RCRA - Permits

May 6, 1988

Cateroillar, Inc. Charmanon Rd. Jolfet, Illinois 60434

Atta: Environmental Coordinator or

Plant Immger

Dear Siri

According to Agency files, your facility currently manages hazardous maste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.157(f) states that interim status for any hazardous waste storage or treatment facility will be terminated November 6, 1992, unless the facility submits Part B of the RERA permit application for these units to this Agency by November 8, 1988. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.157(f), if an existing facility desires to (1) store hazardous waste on-site for greater than minety (90) days, (2) treat hezardous waste, or (3) store hazardous maste as a commercial facility after November 6, 1992, it must submit Part B of the RCRA permit application to this Agency by November 8, 1988. The infermation which must be contained in this application is described in 35 IAC 703, Subpart D. The enclosed document, entitled "RCRA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance documents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous waste after November 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, in this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be met in closing these units are contained in 35 IAC 725, Subpart 6. For you convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interio Status RCRA Nazardous Waste Facilities." PLEASE NOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS TIME. IT MUST MOKEVER, BE SUBMITTED TO THE AGENCY NO LATER THAN MAY B. 1992.



Page ?

In some instances, there may be several interim status hazardous waste management units at a facility. The facility way desire to pursue a final ACRA permit for a portion of these units and close the rest of them. Secause of the uncertainty associated with this option, all interim status units at a facility wast be included in Part B of the RCRA permit application, unless a closure plan for the units being closed is submitted with the Part D. If a closure plan is submitted with the Part B. the application need only address those units which will remain in operation.

The only alternatives available for bazardous waste treatment and storage facilities to meet the requirements of 35 IAC 703.157(f) are (1) submit Part 8 of the RCRA permit application by Nevember 8, 1988 or (2) close by November 8, 1992. However, some facilities may have previously filed Part A of the RCAA permit application in error and now feel that the hazardous waste management activities carried out at the facility do not require a RCRA permit (i.e. the Part A was filed for protective measures). If this is the case, the Agency requests that information supporting this position be submitted no later than Hovepber 8, 1988. The Agency can then review the information submitted and correct its records accordingly. The information which must be submitted to make this demonstration is contained in the enclosed document entitled "Facility Part A Withdrawal Request Form."

Finally, some facilities may have closed or are corrently closing in accordance with an IEPA approved closure plan. (Please bear in mind this letter is going out to over 200 facilities; some closed facilities may inadvertently receive this letter.) In this instance, the Agency requests that a copy of (1) the closure plan approvel letter and (2) the letter from the Agency accepting the certifications of the owner/eperator and the registered professional engineer that closure was carried out in accordance with the approved closure plan (if closure has been completed) be submitted by Accesser 3. 1983. The Acessy will again be able to review this information and correct its records accordingly.

Because of the large number of facilities subject to the requirements of 35 IAC 703.157(f), the Agency requests that all facilities receiving this letter complete the enclosed form entitled "NCRA Fermit Information Form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (pursuing a final permit, planning to close, pursuing a permit for only a portion of the interim status units and closing the other units, protective filers, closed in accordance with an IEPA approved closure plan). This form must be submitted to the Agency no later than Kovember 8, 1988, along with all required attachments. Failure to do so may subject a facility to enforcement under State and/or Federal regulations and possible monetary penalties up to \$25,000 per day of noncompliance.



Page 3

The RCRA Permit Information Form and all required attachments must be submitted in triplicate (original and two (2) copies) to the following address:

Permit Section, MCRA Unit Division of Land Pollation Control Illinois Environmental Protection Agency 2200 Churchill Road P.O. Box 19276 Springfield, IL 62794-9276

If you have any questions regarding this letter, please contact Jim Moore at 217/762-9075.

Very truly yours.

Lawrence W. Eastep, P.E., Papager Permit Section Division of Land Pollution Control

LHE: JNH: rd | 3135/13140

Esclosures

cc: Division File Compilance Paywood Region USEPA Region Y Ms. Nancy Kantner Caterpillar, Inc. 2700 McDonough Street Joliet, Illinois 60434

Re: Caterpillar, Inc. ILD 005 070 537

Caterpillar, Inc. ILD 980 503 080

Dear Ms. Kantner:

The United States Environmental Protection Agency (U.S. EPA) has reviewed the information which you submitted to this office on February 4, 1988. The stated actions appear to adequately address the land disposal restrictions deficiencies outlined in U.S. EPA's Notice of Violations letters dated January 11, 1988, and January 27, 1988, respectively. However, it was noted on the notification of restrictive waste form that you submitted the treatment standards for methyl ethyl ketone and methyl isobutyl setone were transposed. Please make this correction for future shipments.

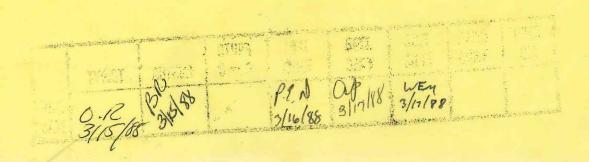
Your cooperation and efforts in this matter are greatly appreciated. Should you have further questions, please feel free to contact Barbara Russell of my staff at (312) 353-7922.

Sincerely yours,

ORIGINAL SIGNED BY WILLIAM E. MUNO

William E. Muno, Chief RCRA Enforcement Branch

cc: H. Chappel, IEPA G. Savage, IEPA



CATERPILLAR INC.

Joliet, Illinois 60434

February 4, 1988

William E. Muno 5HE-12 RCRA Enforcement Section U.S.E.P.A. 230 S. Dearborn Street Chicago, Illinois 60604



RE: Compliance Letters 5HE-12 ILD 005070537 Rt. 6 ILD 986503080 McDonough St.

In reply to your letters concerning these two facilities:

- A. The waste analysis plan for both Joliet sites was revised in August 1987. A copy of the section in question is attached.
- B. In 1987 two shipments (Manifest IL 1655401 and IL 1655418) of solvent were shipped from ILD005070537 without the required notification to the disposal facility. However, after finding this procedural error the two subsequent shipments had the 40CFR268 statement attached. See manifest IL 1655424 on 8-26-87 for ILD005070537 and manifest IL 1655525 on 10/26/87 for ILD986503080 attached.

This should address your concerns.

3 Westre GKantner Environmental Coordinator 815/729-6270

bc/gk020488

Attachments

WASTESTREAM: WASTE PAINT

BACKGROUND:

The Material Safety Data Sheets indicate that the paints used in the plant contain FOO1-FOO5 solvents making the waste a restricted waste. As a restricted waste, the treatment facility requires certification with requires the following information:

- 1. The EPA Hazardous Waste Number
- The manifest number associated with the shipment of waste
- 3. The date shipped
- 4. The corresponding treatment standard
- 5. Analysis if available
- 6. The certification statement with authorized signature

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance MJ/TANK: VOLUME:

PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

Flashpoint (F) Pensky-Martens closed cup

tester

Sulfide (total and reactive)
Cyanide (total and reactive)
Phenol

рH

Heavy metals: Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, and Silver totals; if totals are greater than E.P. Toxcity limits, give E.P. Toxicity concentrations

Organics: TCLP (Toxicity Characteristic Leaching Procedure-Appendix I of Part 268)

Physical characteristics

These parameters should provide sufficient information on the waste properties for a treatment facility.

TEST METHODS:

All test methods shall conform with "Test Methods for Evaluating Solid Waste: Physical and Chemical Methods" SW-846 and in accordance with RCRA regulations.

FREGUENCY:

Sample analysis shall be taken prior to a new disposal source, a process/product change, or at a minimum of once a year.

SAMPLING METHODS:
Composite COLIWASA from storage drums

SAMPLE VOLUME: One quart

SAMPLE CONTAINER: Glass jar

FREQUENCY OF REVIEW:
Yearly

This waste is sent to a treatment facility for fuel blending. Any solid residue not accepted for fuel blending is then incinerated.

LOCATION: Paint Booths & Maintenance MJ/TANK: VOLUME:

PARAMETERS:

The following analysis are required for liquid wastes going to treatment, storage, and recovery facilities:

Flashpoint (F) Pensky-Martens closed cup

tester

Sulfide (total and reactive)
Cyanide (total and reactive)
Phenol
pH

Heavy metals: Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, and Silver totals; if totals are greater than E.P. Toxcity limits, give E.P. Toxicity concentrations

Organics: TCLP (Toxicity Characteristic)

Leaching Procedure-Appendix I of Part 268)
Physical characteristics

These parameters should provide sufficient information on the waste properties for a treatment facility.

TEST METHODS:

All test methods shall conform with "Test Methods for Evaluating Solid Waste: Physical and Chemical Methods" SW-846 and in accordance with RCRA regulations.

FREQUENCY:

Sample analysis shall be taken prior to a new disposal source, a process/product change, or at a minimum of once a year.

SAMPLING METHODS:

Composite COLIWASA from storage drums

SAMPLE VOLUME: One quart

SAMPLE CONTAINER: Glass jar

FREQUENCY OF REVIEW:
Yearly

Mea	se print or type. (Form designed for use on elite (2-pitch) typewriter.)	EPA Form 8700-2	2 (3-84)	Fo	rm Approved, OI	4B No. 205	0-0039. Expires 9-30-88
	UNIFORM HAZARDOUS WASTE MANIFEST	Generator's US EPA (D.No. W	lanifest unent No.	. Page	e 1 Informa	ation in the	e shaded areas is not ral law, but is required
	3. Generator's Name and Mailing Address Caterpillar Inc.				Allino	s Manifest Do	cument J	Number
] [P.O. Box 504, Rt. #6		•		B.Dinos	<u> 1655</u>	<u>401</u>	
	4 Chierter Statione (1 s 60434) 815 7	29-5721			4 Gene	rator s 😘 🔻	17 n	4 15 10 10 12 18
	5. Transporter 1 Company Name	6.	US EPA ID Number	•	C.Illinoi	s Tranporter's	ં જેવા	ГР72 Б
-	Mid_America 7. Transporter 2 Company Name	<u> </u>	180010365 US EPA ID Number	,				nsporter's Phone
			OO EI A ID Number		F.212	3 1815) UTG	s i∪. 2 0 - Tra	nsporter's Phone
	9. Designated Facility Name and Site Address	10.	US EPA ID Number	-	G.Illinoi:	s for the	PAS A SA	Maria Para Van Para Va
	Safety Kleen Envirosystems 633East 138th st.				※ D ※		57/0	69,00al
	Dalton, Illinois 60419	l 11 n	980613913		The second second	ty's Phone # 1849-485	.	
	11. US DOT Description (Including Proper Shi			12.Conta		13. Total	14. Unit	ide Control
G	HM	-		No.	Туре	Quantity	WI/Vol	We Waste No.
E	X 'RQ'Waste Flammable L	iquid (N A s)	Flammable	061		0 334	1	XXII 0 10 11
E	Liquid UN1993(EPA -	Ignitability)	(E003-F005)	0.6.2	D-M (9341	71	000039
R	b.							X X I Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
T					.			Authorization Number
1, 1	C.							EPA HW Number
R								Authorization Number
11	d.				•	<u> </u>		EPA HW Number 0
						*		X*X*********
						1111		Authorization Number
100	U. Additional Descriptions for Materials Listed Ab Spent Paint With Innex-20001. F				Ke Hand	ling Codes for m #14	Wastes I	Listed Above
1					1 = G	allons	2=	Cubic Yards
11	Expression of $\mathcal{L}_{\mathcal{A}}$ (4) (1)	10 1 10 S						e de la companya de
	15. Special Handling Instructions and Additional	59		<u>ن</u>		2.00		
	3410 cml cx	Dum	2 2 2 1	2000		A	,	
	15. Special Handling Instructions and Additional I			سري	~~~~	10,150	10:0	mo-
╽╽┝	16. GENERATOR'S CERTIFICATION: I hereby dec	are that the posterio of t	ble consistence to the	قرعب ادمد دنا	GO.	OC JBJEZ	4260	
	proper shipping name and are classified, pachighway according to applicable international	ked, marked, and labeled	, and are in all respects	s in proper	conditio	n for transport	by	
	Unless I am a small quantity generator who has	s been exempted by statu	te or regulation from the	duty to ma	ke a was	ste minimizatio	n certifica	ation under Section
	3002(b) of RCRA, I also certify that I have a peconomically practicable and I have selected threat to human health and the environment.	the method of treatment,	storage, or disposal gu;	rrent /∖\ avai	lable to r	me which mini	ree I nave mizes the	present and future
$\ \cdot\ _{\Gamma}$	Printed/Typed Name		n behalf of	aterpi	llar/	$\frac{\text{Anc.}}{\text{M}}$		Date Month Day Yea
Y	Frank J Damakowski,Jr		Frankt	telan	rake	white		0 15 11 18 18 17
TR	17. Transporter 1 Acknowledgement of Receipt of		$\sim //$			- 4/		Date
A N S	Printed/Typed Name	/ (1	Signature	$^{\prime}$ ($_{\star}$	رورك	un		Month Day Year
8	18. Transporter 2 Acknowledgement of Receipt of	y P	<u> </u>					Date
I R	Printed/Typed Name]	Signature					Month Day Year
E A			4 7 (1) 4 1		a L	j	لـــــــــــــــــــــــــــــــــــــ	
F	A. 1	tud man) per, na	yest wire	une	ور اسم	1 holo	de	
A	Il. Facility 10 (site) per, na	nay Jane	nec	3/	78/8	/	,
	Currected # of Ca	tunes.	of Bales	nas	_			
1	20. Facility Owner or Operator Certification of re Printed/Typed Name		rials covered by this ma	anifest exe	ept as no	oted in item 19		Date Month_Day, Year
1	RAMELLE BRAZZO		Sen 10	11/K	114	the		
JNOIS	S: 217 / 782-3637 *24 H	OUR EMERGENCY AND S	PILL ASSISTANCE NUME	BERS'	OUTSIDE	NOIS: 800	424-880	2 or 202 / 426-267
		RT - 3 FACILITY PAG	Y - 4 TRANSPORTER	·····	- 5 IEPA	PART - 6 G		

	UNIFORM HAZARDOUS WASTE MANIFEST	1LD0050705	EPA ID No. 37 ゆう	Manifest locument No.	2. Pag of	required to by Illinois	by Feder law.	e shaded areas is i ral law, but is requi
	Generator's Name and Mailing Address Caterpillar Inc.					is Manifest Docu 16554		Number
4.	P.O. Box 504 Rt#6 Generators Andrea nois 815 729	-5721			B.Illino Gene ID	s erator's 1 9	7, 0,	4, 5, 0, 0, 2
	Transporter 1 Company Name	6. 	US EPA ID Numb WしD9809の4	742	L	is Tranporter's I		1126 ansporter's Pho
7.	Transporter 2 Company Name	8. L	US EPA ID Numb	oer		s Transporter's		ansporter's Phor
	Designated Facility Name and Site Addre Safety Kleen Envirosytems		US EPA ID Numb	per	Ľ ID∷	lity's 0 3	դ գ	6900
6	33 East 138th St. Dolton		1LD980613913		(312	ity's Phone 2 849-4850		
1	1. US DOT Description (Including Proper		ard Class, and ID Numbe	r) 12.Cont	Type	13. Total Quantity	14, Unit Wt/Vol	
a.	X RQ " Waste Flammable Flammable Liquid UN19	Liquod N.O.S 193 (F003,F00	5)	019	D. M	06045	-/	XXIF 10 10
b.	X "RQ"Waste Paint Rela Flammable Liquid NA	ted Material	5.			0	,	EPA HW Numb X X IF 10 10 Authorization Num
c.		11502 (2010)		04.3	. IJ· M	<u> </u>	/	EPA HW Numb
d.			·			<u>lll</u>		EPA HW Numb
	. Additional Descriptions for Materials Liste					dling Codes for		Authorization Nu
100	(JBJE24260) Survey# 054		40° 0563°/ 10 1525	798 ^{% 7} #		Gallons :-	1977 . 1 1974 . 1 1944 . 1971	: Cubic Yar
	B.WastePaint D001,F003,F0 5. Special Handling instructions and Additio		46-6563 (UBUEZS		1907,22,20		g/ 123 G (4)	
			40-0003;; <u>(UPUC2</u> 2		100		9 12 1 T & .	
1	Special Handling Instructions and Addition GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation Unless I am a small quantity generator who 3002(b) of RCRA. I also certify that I have	declare that the conte packed, marked, and i onal and national gove o has been exempted b	nts of this consignment are abeled, and are in all respi rnment regulations, and Ill y statute or regulation for to preduce the volume and to	fully and acc acts in proper inois regulati the duty to m exicity of was	condití ons. ake a wa te dene	on for transport t aste minimization rated to the degr	oy certific ee I hav	ve determined t
1	Special Handling Instructions and Addition GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation unless I am a small quantity generator who should be applied to the seconomically practicable and I have select threat to human health and the environment.	declare that the conte packed, marked, and i onal and national gove to has been exempted a a program in place to ted the method of trea	nts of this consignment are abeled, and are in all respirnment regulations, and Illy statute or regulation from treduce the volume and to the things of the storage, or disposal the behalthood on behalthood.	fully and acc acts in proper inois regulati the duty to xxicity of was currently ava	conditi ons. ake a wa te gene Mable to	on for transport the steeminimization rated to the degree which ministrates	oy certific ee I hav	ve determined t e present and fu Date
11	Special Handling Instructions and Addition GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation Unless I am a small quantity generator was 3002(b) of RCRA, I also certify that I have selected.	declare that the conte packed, marked, and l onal and national gove o has been exempted b a a program in place to ted the method of trea ent.	nts of this consignment are abeled, and are in all respo rnment regulations, and Ili y statute or regulation from o reduce the volume and to tment, storage, or disposal	fully and acc acts in proper inois regulati the duty to xxicity of was currently ava	conditi ons. ake a wa te gene Mable to	on for transport the steeminimization rated to the degree which ministrates	oy certific ee I hav	ve determined to e present and fu Date
TTRANSS	6. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internati Unless I am a small quantity generator wh 3002(b) of RCRA, I also certify that I have economically practicable and I have selecthreat to human health and the environmental printed/Typed Name Frank J Damakowski, JR 17. Transporter 1 Acknowledgement of Receiptinted/Typed Name	declare that the conte packed, marked, and io onal and national gove to has been exempted be a program in place to the ted the method of treatent.	nts of this consignment are abeled, and are in all respirnment regulations, and Illy statute or regulation from treduce the volume and to the things of the storage, or disposal the behalthood on behalthood.	fully and acc acts in proper inois regulati the duty to xxicity of was currently ava	conditi ons. ake a wa te gene Mable to	on for transport the steeminimization rated to the degree which ministrates	oy certific ee I hav	present and further present and furth Day OTO Date Month Day Date Month Day
T T T T T T T T T T T T T T T T T T T	5. Special Handling Instructions and Addition 6. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable international unless I am a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a	declare that the conte packed, marked, and io onal and national gove to has been exempted be a program in place to the ted the method of treatent.	nts of this consignment are abeled, and are in all respendent regulations, and ill y statute or regulation from reduce the volume and to the timent, storage, or disposal On behall or Signature	fully and acc acts in proper inois regulati the duty to xxicity of was currently ava	conditi ons. ake a wa te gene Mable to	on for transport the steeminimization rated to the degree which ministrates	oy certific ee I hav	present and fi
TRANSPORTER 1	5. Special Handling Instructions and Addition 6. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation unless I am a small quantity generator who 3002(b) of RCRA, I also certify that I have economically practicable and I have select threat to human health and the environmental printed/Typed Name Frank J Damakowski, JR 17. Transporter 1 Acknowledgement of Received Typed Name Right A D HAS. 18. Transporter 2 Acknowledgement of Received.	declare that the conte packed, marked, and io onal and national gove to has been exempted be a program in place to the ted the method of treatent.	nts of this consignment are abeled, and are in all response in the regulations, and lift by statute or regulation from the reduce the volume and to the reduce the reduced the	fully and acc acts in proper inois regulati the duty to xxicity of was currently ava	conditi ons. ake a wa te gene Mable to	on for transport the steeminimization rated to the degree which ministrates	oy certific ee I hav	present and function of the pr
TRANSPORTER FACIL	5. Special Handling Instructions and Addition 6. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation unless I am a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a small quantity generator whereast is a managed to a printed/Typed Name Frank J Damakowski, JR 17. Transporter 1 Acknowledgement of Received Typed Name B R A D H A S 18. Transporter 2 Acknowledgement of Received/Typed Name	declare that the conte packed, marked, and lonal and national gove o has been exempted be a program in place to sted the method of treatent.	nts of this consignment are abeled, and are in all response in the regulation of the state or regulation from the reduce the volume and to the storage, or disposal on behalion Signature Signature	ifully and acc ects in proper inois regulation the duty to moxicity of was currently ava for all end	conditions. ake a wate gene hable to ill la	on for transport that the degree of the degr	certification of the certifica	present and further present and further present and further pay O 7 O 0 O 0 O 0 O
TRANSPORTER FACIL	5. Special Handling Instructions and Addition 6. GENERATOR'S CERTIFICATION: I hereby proper shipping name and are classified, highway according to applicable internation unless I am a small quantity generator whose conomically practicable and I have select threat to human health and the environmental printed/Typed Name Frank J Damakowski, JR 7. Transporter 1 Acknowledgement of Receive Printed/Typed Name 13. R J A D H A S. 14. Transporter 2 Acknowledgement of Receive Printed/Typed Name 15. Transporter 2 Acknowledgement of Receive Printed/Typed Name 16. Discrepancy Indication Space	declare that the conte packed, marked, and lonal and national gove o has been exempted be a program in place to sted the method of treatent.	nts of this consignment are abeled, and are in all response in the regulation of the statute or regulation from the reduce the volume and to the storage, or disposal on behalion Signature Signature Signatu	ifully and acc ects in proper inois regulation the duty to moxicity of was currently ava for all end	conditions. ake a wate gene hable to ill la	on for transport that the degree of the degr	certification of the certifica	present and function of the pr

EPA Form 8700-22 (3-84) Form Approved. OMB No. 2050-0039, Expires 9-30-88 lease print or type (Form designed for use on efite pitch) typewriter.) Manifest 2 Page 1 Information in the shaded areas is not UNIFORM HAZARDOUS 1. Generator's US EPA ID No. required by Federal law, but is required WASTE MANIFEST 1LD **0**05070537 by Minois law. 3. Generator's Name and Mailing Address Caterpillar Inc. A.Illinois Manifest Document Number 11 1655424 RTA#Box504 B.Illinois # 4 Generators Phone (1915-729-5721 Generators 1 977 0 4 5 0 0 28 US EPA ID Number C.Minois Transporter's ID 5. Transporter 1 Company Name 1LD981957236 D(3/2)758-3777 Transporter's Phone Set Environmental US EPA ID Number E.Minois (Transporter's ID) 7. Transporter 2 Company Name F(+12) Transporter's Phone Gmros Facativa Fig. 5 3 1 0 6 8 0 0 0 6 9. Designated Facility Name and Site Address Safety Kleen Envirosystems 10. US EPA ID Number 633 Eas**r**138thst. Dolton, Illinois 60419 1LD980613913 (cu/2) (849=4850) 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12.Containers Total No. Type a. RO,Waste Paint Related Materials E 00770 014 Х Flammable Liquid ,NA1263 (D001, Foo3) F005 Ε b. R 0 Ò C. RQ, Cambustible LIQuid N.O.s 0 U7 R 00385 Rumbuxxxhke Combustible Liquid N.O.S MA1993 006 XXE d. RQ Waste Flammable N.O.S' Flammable Liquid (UN1993) D001- F003- F005 01010101319 Additional Descriptions for Materials History APVIII (1805-1998)

B. Diesel Fuel Tank Rinder, Survey#9648 (180E27/257)

c. Stoddard Solvent& Nalclean, Survey#9657 (180E27/286)

d. Paint thinner survey # 8188 (*180E24260) K Handling Codes for Wastes Listed Abov **≕** Gallons 2篇 Cubic Yards 15. Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Date Printed/Typed Name Month Day Frank J Damakowski, Jr 0826817 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Sheldon Brost 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day 19, Discrepancy Indication Space rectic manyer doc:## 20. Facility Owner or Operator Certification of feebipt of hazardous materials covered by this manifest except as noted in item 19. Date Signature Printed/Typed Name Month Day Year 4 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675 STRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

To	
Desi	gnated
Faci	lity:

	·
Safety-Kleen Ennrosystem So No.	1409806139
633 East 138454	
* 11	

Under manifest number 165434 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent	n **
Methyl ethyl Kolone	
n-Butylalcohol	
methyl isobutul	Kelone

Treatment	Standard	
,33	ppm	 Use
5.0	ppm	for
,25	nom	con

Use reverse side for additional constituents

The constituent compositions based upon () attached data or (<

TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 apent solvents	Concentration (in mg/l) Wastewaters containing spent solvents	All other spent solvert wastes
Acetone	0.05	0.59
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzane	.15	.05
Cresole (and cresylic acid)	2.82	.75
Dyclohexanone	.125	.75
1.2 - dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	05	.053
Ethyl ether	.05	.75
sobulandi	5.0	5.0
Methanol	25	.75
Methylene chloride	20	96
Methylene chloride (from the pharmeceutical industry)	12.7	.96
Methyl ethyl katone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nigobenzene	0.65	0.125 1
Pyridine	1.12	0.33
Tetrachioroethylene	0.079	0.05
Tokiene	1.12	0.33
1.1.1 - Trichloroethane	1.05	. 0.41
1,2,2 - Trichloro - 1,2,2 trifluroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Generator name CATERA	LLAC INC	EPA ID#: 140005070537	7
Generator representative signate Name & Title of representative		lat Inc: 12 Kantner	_
Name & little of representative (print or type)	HAZ MAT 1		-

toldene ethyl benzene xylene methanol

,33 ,053 ,15

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHL

ILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-67

IL532-0610

`	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's			Manifest Document No.	2. Pag	/ · r	equired	by Fed	ie shaded areas eral law, but is re
3.	Generator's Name and Mailing Address		1.11		<u> </u>	-		y Illinois st Doc		Number
(ROUTE 6 PO BOX50	4	11177	MAZ	100/	<u> L</u>	165	<u> 555</u>	25	·)
4	JOLIET 1/2 60434 Generator's Phone (8/5) 739	9-5721	,	ANALS	47	B.Illinoi Gene	s erator's	10	70	den
_	Transporter 1 Company Name	2/2/	6. <u>(</u>	US EPA ID Nun	nber	Cillino	s Tranpo	///	10	1200
1	Correns TRANSFER	Co		008871			2) 74	-		ansporter's P
7.	Transporter 2 Company Name		8. ι	US EPA ID Nun	nber	E.IIIinoi	s Transp	orter's		
9.	Designated Facility Name and Site Addres	<u> </u>	10- i	US EPA ID Nun	hor	F.(G.Himoi	}		Tra	ansporter's P
	Designated Facility Name and Site Addres	195451274	<u>(</u>	00 LI A ID 140II	ibei	Facil		03	11	6900
1	633 EAST 13814 S	,	بالادان	Contract to	110	1	ty's Pho	·		
1	DOLTON, 12 60419			980613		1312	1 34	4-	45	300 ·
1	1. US DOT Description (Including Proper S	hipping Name, H	lazard Class	, and ID Numb	<i>ler)</i> 12.Con No.	1	13 Tot	al	14. Unit	l. Waste I
a.	77. 3 64 4	MMABLE	- 2100	110 20	S //	Туре	Quan	tity	Wt/Vo	EPA HW Nu
	X FLAMMABLE LI				1	104		27	,	XXIFC Authorization
b.	00 110000 2000	WOID OF	V1443	(FOO=		1.7		40	1	0000
D.	1 / KG MIOIZ COM			•	0.\$.					X XXX
	1 COMBUSTIBLE.	LIQUID	NAY	993 (D	el) 5	DM	2	15	17	Authorization
c.										EPA HW Nu
				•					Α.	Authorization I
d.						•	1	<u> </u>	<u> </u>	EPA HW Nu
			·							XX_{1}
		all and a way of the				1 1				Authorization I
3.	Additional Descriptions for Materials Listed THINNER, STOUD DRED SOLVE	SURVEG			<u> </u>	In Ite	m#14 iallons		2 =	Listed Above Cubic Ya
a S.	V. PAINT TUINNEL, . STODBBALB SOLVE	SURVE 9 WT, SU			5	In Ite	m#14 iallons		2 =	Listed Above Cubic Ya
a S.	r. PAINT THINNER, .	SURVE 9 WT, SU			<u> </u>	In Ite	m#14 iallons		2 =	Listed Above Cubic Ya
a S.	V. PAINT TUINNEL, . STODBBALB SOLVE	SURVE 9 WT, SU			S	In Ite	m#14 iallons		2 =	Listed Above
<i>A J</i> .	2. HAWT TWWNER, SOLVE	SURVE 9	ever	*# <i>965</i>		1 = G	m #14 Gallons		2 =	Listed Above Cubic Ya
<i>A J</i> .	5. Special Handling Instructions and Additional 6. GENERATOR'S CERTIFICATION: I hereby deproper shipping name and are classified by	al Information	every	#465	e fully and acc	urately d	m #14 Gallons	- <u>3</u> -	2 =	Listed Above Cubic Ya
<i>A J</i> .	5. Special Handling Instructions and Additional 6. GENERATOR'S CERTIFICATION: I hereby diproper shipping name and are classified, pointing highway according to applicable internation. Unless I am a small quantity generator who I	al Information eclare that the core acked, marked, an ial and national gr	ntents of this of diabeted, and diabeted, and diabeted and diabeted and diabeted dia	consignment ard are in all respulations, and III	e fully and accects in proper	urately decondition	m #14 sallons 11.3. (3.1 escribed in for transite minimals.)	above b	2 =	Listed Above Cubic Ya
<i>A J</i> .	5. Special Handling Instructions and Additional Social Handling Instructions and Additional Special Handling Instruction In	al Information eclare that the coracked, marked, an inal and national grass been exempted a program in place of the method of t	ntents of this of disbeled, and overnment region to reduce the	consignment ard are in all responding from the volume and the	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya
<i>A J</i> .	5. Special Handling Instructions and Additional Social Handling Instructions and Additional Special Handling Instructions and Additional Proper shipping name and are classified, publishway according to applicable internation Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selected threat to human health and the environments.	al Information eclare that the coracked, marked, an inal and national grass been exempted a program in place of the method of t	ntents of this of diabeled, and overnment reported by statute of the to reduce the reatment, store	consignment ard are in all respulations, and lir regulation from the volume and the rage, or disposa	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya 2866 cation under Sove determined e present and Date
<i>A J</i> .	STODDARD SOLVE STODDARD SOLVE SPECIAL Handling Instructions and Additional Section of the sec	al Information eclare that the coracked, marked, an inal and national grass been exempted a program in place of the method of t	ntents of this of disbeled, and overnment region to reduce the	consignment ard are in all respulations, and lir regulation from the volume and the rage, or disposa	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya
15	5. Special Handling Instructions and Additional Special Handling Instructions and Additional Special Handling Instructions and Additional Proper shipping name and are classified, purpose shipping name and are classified, properly shipping name and a small quantity generator who is 3002(b) of RCRA, I also certify that I have a economically practicable and I have selected threat to human health and the environment of the selection of the s	al Information eclare that the contacked, marked, an all and national groups as been exempted program in placed the method of tit.	ntents of this of diabeled, and overnment reported by statute of the to reduce the reatment, store	consignment ard are in all respulations, and lir regulation from the volume and the rage, or disposa	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya 28663 cation under Sove determined e present and e present and Month Day
15	5. Special Handling Instructions and Additional Proper shipping name and are classified, particularly according to applicable internation. Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selected threat to human health and the environment Printed/Typed Name	al Information eclare that the contacked, marked, an all and national groups as been exempted program in placed the method of tit.	ntents of this of diabeled, and overnment reported by statute of the to reduce the reatment, store	consignment ard are in all responding and in regulations, and it regulation from the volume and the rage, or disposal ature	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya
15	5. Special Handling Instructions and Additional Handling Instructions and Additional Property Special Handling Instructions and Additional Handling Instructions and Instructional Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selecte threat to human health and the environment Printed/Typed Name Printed/Typed Name Transporter Acknowledgement of Receip Printed/Typed Name DE NU S Miles	al Information eclare that the coracked, marked, an inal and national grass been exempted in program in place of the method of tit. LLUD to Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, stores Sign	consignment ard are in all responding and in regulations, and it regulation from the volume and the rage, or disposal ature	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya 28663 cation under Sove determined e present and Month Day 1 0 2 3 Month Day 1 0 2 3
15	5. Special Handling Instructions and Additional STOCKS. 6. GENERATOR'S CERTIFICATION: I hereby do proper shipping name and are classified, purighway according to applicable internation. Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selected threat to human health and the environment. Printed/Typed Name Printed/Typed Name Transporter 1 Acknowledgement of Receip Printed/Typed Name Printed/Typed Name	al Information eclare that the coracked, marked, an inal and national grass been exempted in program in place of the method of tit. LLUD to Materials	ntents of this of dispeled, and overnment region of the control of	consignment ard are in all respulations, and lift regulation from the volume and the rage, or disposal ature the constant of t	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya 28663 cation under Seve determined e present and Month Day 0 2 3 Date Month Day 1 0 2 3 Date
15	5. Special Handling Instructions and Additional Social Handling Instructions and Additional Special Handling Instructions and Additional Special Handling Instructions and Additional Handling Instructions and Additional Property Special Handling Instructions and Additional Handling Instructions and Instructional Handling Instructional Handling Instructional Handling Instructional Handling Instructional Handling Instructional Handling Instruction I	al Information eclare that the coracked, marked, an inal and national grass been exempted in program in place of the method of tit. LLUD to Materials	ntents of this of dispeled, and overnment region of the control of	consignment ard are in all responding and in regulations, and it regulation from the volume and the rage, or disposal ature	e fully and accects in proper linois regulati	urately de conditio	m #14 iallons is allons escribed in for train	above b	2 =	Listed Above Cubic Ya 28663 cation under Sove determined e present and Month Day 1 0 2 3 Month Day 1 0 2 3
15 16 18	5. Special Handling Instructions and Additional Special Handling Instructions and Additional Special Handling Instructions and Additional Proper shipping name and are classified, purighway according to applicable internation Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selecte threat to human health and the environment Printed/Typed Name Printed/Typed Name Transporter 1 Acknowledgement of Receip Printed/Typed Name Printed/Typed Name DE DD Secrepancy Indication Space	al Information eclare that the coracked, marked, an inal and national groups as been exempted a program in place of the method of tit. LIVO t of Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, store Sign. Sign.	consignment ard are in all responding to the regulations, and lift regulation from the volume and the rage, or disposal ature ature ature ature ature	e fully and accepts in proper linois regulation the duty to make I currently available.	urately de condition ons. ake a was te genera ilable to condition.	escribed in for transited to the me which	above b sport b	2 =	Listed Above Cubic Ya 28665 cation under Seve determined e present and Month Day 0 2 3 Date Month Day 1 0 2 3 Date Month Day Month Day Date Month Day
15 16 18	STOUDING SOLVE STOUDING SOLVE STOUDING SOLVE SPECIAL Handling Instructions and Additional Solve Special Handling Instructions and Additional Solve Generator's CERTIFICATION: I hereby do proper shipping name and are classified, particularly the proper shipping name and are classified, particularly dependent of the proper shipping name and are classified, particularly generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selected threat to human health and the environment of the printed/Typed Name	al Information eclare that the coracked, marked, an inal and national groups as been exempted a program in place of the method of tit. LIVO t of Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, store Sign. Sign.	consignment ard are in all responding to the regulations, and lift regulation from the volume and the rage, or disposal ature ature ature ature ature	e fully and accepts in proper linois regulation the duty to make I currently available.	urately de conditio	escribed in for transited to the me which	above b sport b	2 =	Listed Above Cubic Ya 28665 cation under Seve determined e present and Month Day 0 2 3 Date Month Day 1 0 2 3 Date Month Day Month Day Date Month Day
15 16 18	STOUDING SOLVE STOUDING SOLVE	al Information eclare that the coracked, marked, an inal and national groups as been exempted a program in place of the method of tit. LIVO t of Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, store Sign. Sign.	consignment ard are in all responding to the regulations, and lift regulation from the volume and the rage, or disposal ature ature ature ature ature	e fully and accepts in proper linois regulation the duty to make I currently available.	urately de condition ons. ake a was te genera ilable to condition.	escribed in for transited to the me which	above b sport b	2 =	Listed Above Cubic Ya 28665 cation under Seve determined e present and Month Day 0 2 3 Date Month Day 1 0 2 3 Date Month Day Month Day Date Month Day
15 16 19 (J	STOUDING SOLVE GENERATOR'S CERTIFICATION: I hereby diproper shipping name and are classified, possible internation unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have a economically practicable and I have selecte threat to human health and the environment of t	al Information eclare that the coracked, marked, an inal and national go has been exempted a program in place of the method of tit. LLDO t of Materials LCC t of Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, store Sign. Sign. Sign.	consignment are dare in all responding and it regulations, and il regulation from the volume and the rage, or disposal ature ature for a consideration ature for a consideration ature for a consideration at the format at th	e fully and accepts in proper linois regulation the duty to make a currently away of the	urately dicondition ons. ake a was te generaliable to the condition of the condition on the condition on the condition on the condition on the condition of th	escribed on for transite minimuted to the me which on the which of the	above besport besisport be	2 =	Listed Above Cubic Ya 28665 cation under Seve determined e present and Month Day 0 2 3 Date Month Day 1 0 2 3 Date Month Day Month Day Date Month Day
15 16 19 (J	STOUDING SOLVE STOUDING SOLVE GENERATOR'S CERTIFICATION: I hereby de proper shipping name and are classified, per highway according to applicable internation Unless I am a small quantity generator who I 3002(b) of RCRA, I also certify that I have seconomically practicable and I have selecte threat to human health and the environment of Printed/Typed Name Finted/Typed Name Finted/Typed Name C. Transporter 1 Acknowledgement of Receip Printed/Typed Name Printed/Typed Name DE DD S Transporter 2 Acknowledgement of Receip Printed/Typed Name Finted/Typed Name C. Discrepancy Indication Space Color of the printed of the printed of the period of the p	al Information eclare that the coracked, marked, an Information all and national grass been exempted program in placed the method of tit. LIDO t of Materials LC / t of Materials	ntents of this of dispeled, and overnment reg d by statute or et to reduce the reatment, store Sign. Sign. Sign.	consignment ard are in all responding to the volume and the rage, or disposal ature ature ature ature ature ature ature ature acceptance of covered by this	e fully and accepts in proper linois regulation the duty to make a currently away of the	urately dicondition ons. ake a was te generaliable to the condition of the condition on the condition on the condition on the condition on the condition of th	escribed on for transite minimuted to the me which on the which of the	above besport besisport be	2 =	Listed Above Cubic Ya 28663 cation under Sove determined expresent and Date Month Day 0 2 3 Date Month Day 0 2 3 Month Day 0 3 3 Month Day 0 3 3 Month Day 1 0 3 Month Day

NOT 2 OF LAND DISPOSAL RESTRICTION OF WASTE

Designated Facility:

SAFETY-KLEAN ENVIROSY EVA ID No. 1209806134

633 ERST 13814 ST

DOLTON, 12 60419

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7. the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent N-Butul Alcohol Methy isobuty/ Ketone Treatment Standard ppm ppm 1.12 ppm

Use reverse side for additional

constituents

The constituent compositions based upon (\times) attached data or (\cdot) knowledge of the waste.

TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent activants	Concentration (in mg/l) Wastewaters -containing apent solvents	All other spent solvent wastes
Acetone,	0.05	0.59
n-Butyl alcohol	5.0	5.0
Carbon disulfide,	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2 - dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl kelone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Tokuene	1.12	0.33
1,1,1 - Trichloroethane	1.05	0.41
1.2.2 - Trichlord - 1.2.2 trifluroethane	1 05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Generator name _	CATERPILLA	e INC	EPA ID#: //	D 980503080
Generator represe	ntative signature	On behalf	of Car Inc	12 Kantreet
Name & Title of r		NL KANTNI	ER - HAZ D	DAT ANALYST
(print or type)				



ERIALS/WASTE PRODUCTS QUALIFICATION

9655

Denton, TX	☐ New Castle, KY	☐ Manati, PR		🖾 Dolton, IL	A STATE OF STREET AS A STREET	☐ Clarksville	MO
Company	-			•			, INO
CATERPILLAR INC.		Lexington, SC		• • • • • • • • • • • • • • • • • • •			í L
PLANT ADDRESS SAMPLE COLLECTION DATE SAMPLESURVEY RECEIPT DATE STREET_DISBURSEMENTS DIVISION LD135 UNSTED ESCRIPTION O5/01/87 O5/01/87	COMPANY			CUSTOMER SAMPL	E NO.	SURVEY CONT	IROL NO.
Volatile Organics (Relative Area Per Cent)			- <u>-</u>				
EAST PEORIA	PLANT ADDRESS			SAMPLE COLLECTI	ON DATE	SAMPLE/SURV	EY RECEIPT DATE
EAST PEORIA	DISBURSEMENTS DIV	VISION LD135		WASTE DESCRIPTION			05/01/87
Volatile Organics (Relative Area Per Cent) n no Miscral Spirits Pit (direct/extracted) 6-7	1	1 1	1 (6) 2(A			Toring in	
Volatile Organics (Relative Area Per Cent)	EAST FEORIA		1 0 3 0	STOUDARD SC	DEAFAL ROI		
Others	Volatile Organics (Relative A						_
	MINERAL SPIRITS	99.5 %					
Specific Gravity				1)	1 100		100
PCBs	[%		••		cp Zn <_	100
Nonvolatile Residue 2.0 % wt. Hg NOT DETECT.ppm Molecular		%		ravity			100
Carried Carr	<u> </u>			Posidua	2 0 0		
Fuel Value KI Waste Distillation Bottoms Heat Content 14,500 BTU/lb. Dpm	<u> </u>					Will ng is	. FA
Second S	<u> </u>		·			Cd	, ,
Total Halogen (titration) 0.1 % wt. as Cl 1 % wt. as Cl 3 % wt. 6 % wt. 7						ttoms "	
Note National Na							The state of the s
Radioactivity		- 1	lotal Halog	gen (titration)	<u>J. I</u> % wt.		
Radioactivity Recovery (distillation) % wt./vol. F % wt. % Recovery (calculated) % wt./vol. F % wt. % % % % % % % % %			Asn (from	pomp)		/ 0 171.	
Recovery (distillation)	*		Radioactiv	ity			
Recovery (calculated)	1			'	% w	t Arall	
Phase Information: 2 PHASE; 10P TAN P			Recovery	(calculated)	% w	t./vol.	
Additional Analytical Information: Additional Analytical Information:		%	Phase Info	rmation: Z PHA	SES; TOP TA	ANI I	
Determinations reported above were chosen based on the sample matrix, and potential recycling/disposition options for the waste. Total 100 %		%				<u> </u>	
Determinations reported above were chosen based on the sample matrix, and potential recycling/disposition options for the waste. HOMBIN Second Second			Additional	Analytical Informa	ation:	· · · · · · · · · · · · · · · · · · ·	
Determinations reported above were chosen based on the sample matrix, and potential recycling/disposition options for the waste.			 _	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Determinations reported above were chosen based on the sample matrix, and potential recycling/disposition options for the waste. AOMERA Automatic Automatic	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Chemist Signature	. 						
Completion Date CORPORATE REVIEW Special Handling Health Environmental 6.3 5 12/57 and Safety 6.5 5 12/57 Transportation 10 5/12 Control Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached) Please note this approval no. on all shipment manifests. Poate Date Date Date Clarksville, MO Elgin, IL HD0053348108 ILD000805911 Clayton, NJ Denton, TX Chicago, IL Hebron, OH Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548	Determinations reporter	d above were chosen base	ed on the samp	ole matrix, and potenti	al recycling/dispo	sition options for	the waste.
Completion Date CORPORATE REVIEW Special Handling Health Environmental 6.3 5 12/57 and Safety 6.5 5 12/57 Transportation 10 5/12 Control Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached) Please note this approval no. on all shipment manifests. Poate Date Date Date Clarksville, MO Elgin, IL HD0053348108 ILD000805911 Clayton, NJ Denton, TX Chicago, IL Hebron, OH Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548	1 Frances toli	-h	5/13/8-	1 (m 4	- Pe	-	5-14-6
Health Environmental As 5/\omega/5? and Safety As 5/\omega/5? Transportation As 5/\omega/5? Transportation As 5/\omega/5? As 5/\omega/5? Transportation As 5/\omega/5? Transportation As 5/\omega/5.7 Tran		C	ompletion Date	Óperations	Appropal		
Health Environmental As 5/\omega/5? and Safety As 5/\omega/5? Transportation As 5/\omega/5? Transportation As 5/\omega/5? As 5/\omega/5? Transportation As 5/\omega/5? Transportation As 5/\omega/5.7 Tran	CORPORATE REVIEW	☐ Special Ha	ındlina		· · · · · · · · · · · · · · · · · · ·		
Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached) Please note this approval no. on all shipment manifests. 7655 Signature		Health				Quality 7	oft 51 /2
Safety-Kleen hereby warrants that the waste stream represented by the Survey and sample submitted is acceptable at the facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached) Please note this approval no. on all shipment manifests. 9655 Signature Date Approval No. New Castle, KY. KYD053348108 ILD980613913 PRD090399718 MOD029729688 ILD000805911 Clayton, NJ Denton, TX Chicago, IL Hebron, OH Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548	Environmental 63 5/20/5	2_and Safety _ & Co	5/20187	_Transportation 💆	105-17-80	_Control 🔼	10/02/c DAY
facility(s) checked below and that said facility(s) has/have the appropriate permit(s) and can accept this waste as long as all hazards associated with the waste have been fairly disclosed on the Survey and the composition of the waste does not change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached)			eam represe	nted by the Surve	y and sample	submitted is	acceptable at the
change so as to render the attached Survey and sample submitted to Safety-Kleen nonrepresentative. Conditional Approval (See Attached) Signature Date Date Please note this approval no. on all shipment manifests. Approval No. Please note this approval no. on all shipment manifests. Approval No. Please note this approval no. on all shipment manifests. Approval No. Clarksville, MO	1 .			-			
□ Conditional Approval (See Attached) Signature	all hazards associated with	the waste have been	fairly disclo	sed on the Surve	y and the con	nposition of th	ie waste does no
Signature	change so as to render the	e attached Survey an	id sample si	ubmitted to Safety	/-Kleen nonre _l	presentative.	
Signature	Conditional Approval (Se	ee Attached)		•		Please note this	approval no on all
New Castle, KY. ☑ Dolton, IL ☐ Manati, PR ☐ Clarksville, MO ☐ Elgin, IL KYD053348108 ILD980613913 PRD090399718 MOD029729688 ILD000805911 ☐ Clayton, NJ ☐ Denton, TX ☐ Chicago, IL ☐ Hebron, OH ☐ Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548 ☐ Reedley, CA Reedley, CA CA CA CA CA	Thus. Dr.	m.		5-20-	87		ests.
KYD053348108 ILD980613913 PRD090399718 MOD029729688 ILD000805911 □ Clayton, NJ □ Denton, TX □ Chicago, IL □ Hebron, OH □ Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548 □ Reedley, CA	Signature			Date		Approval No.	
KYD053348108 ILD980613913 PRD090399718 MOD029729688 ILD000805911 □ Clayton, NJ □ Denton, TX □ Chicago, IL □ Hebron, OH □ Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548 □ Reedley, CA		P Doiton II	☐ Mana	iti. PB	Clarksville	MO I	□ Flain II
☐ Clayton, NJ ☐ Denton, TX ☐ Chicago, IL ☐ Hebron, OH ☐ Lexington, SC NJD069039626 TXD077603371 ILD005450697 OHD980587364 SCD07799548 ☐ Reedley, CA	KYD053348108	ILD980613913	PRD	90399718	MOD029729	9688	
☐ Reedley, CA	j□ Clayton, NJ	□ Denton, TX	☐ Chica	ago, IL 🕝 🗀 🗀] Hebron, OH	l (Lexington, SC
	· 	TXD077603371	ILD00	J5450697	OHD980587	364	SCD07799548
			1				



OFFICE USE ONLY

SPENT MATERIALS/WASTE PRODUCTS QUALIFICATION

9696

Part of Manager Control of the Contr	An Bankanaghan	en de la companya de	inter the major and the first of	n Konggrey Jergan	the laterage of the second of
New Castle, KY		☑ Dolton, IL		☐ Clarksv	rille, MO
☐ Denton, TX ☐ Hebron, OH		☐ Reedly, C	A ',	□ Elgin, I	L
☐ ☐ Lexington, S	C	☐ Clayton, N		☐ Chicag	
• · · · · · · · · · · · · · · · · · · ·		•		J	
COMPANY		CUSTOMER SA	AMPLE NO.	SURVEY CO	ONTROL NO.
CATERPILLAR INC.	<u> </u>				7311.
PLANT ADDRESS		SAMPLE COLL	ECTION DATE	SAMPLE/SU	JRVEY RECEIPT DATE
STREET DISBURSEMENTS DIVISION					5/01/87
CITY STATE	ZIP	WASTE DESCR	RIPTION		
EAST PEORIA I L	6 1 6 3 0	PAINT	THINNER - BUI	LDING F	
© tXto Volatile Organics (Relative Area Per Cent) □ Fi			4-5 <i>J</i>		etals E Acid Digest
		•	%		> <100 ppm
N-BUTYL ALCOHOL 22.5 9	10/0405 /4040		0.80	4 .	<100 ppm
N-PROPYL ACETATE 0.2 9	Vincest	,	< 100		1 < 100 ppm
METHYL ISOBUTYL KETONE 0.6 9	Considia	ravity	0.79		- <u>100 ppm</u>
	" DCD-	avity	<u>< 50</u>		100 ppm
MINERAL SPIRITS 63.2	0	Residue 011			NOT DETECTOR
	'U CT P - 1.	No Flash			
	′° 	□ NO FIASII	100		
			☐ Distillation Bot	ttoms Co	dopm
	6 Heat Cont		.8,400 BT		ppm
	6 Total Halo	gen (titration)	0.3 % wt.	as CI 💳	ppm
	Ash (from	bomb)	0.1	% wt. <u>In</u>	organics
1	⁷⁰ □ □ □ □ □ □ □ □ □ □			C	% wt.
			0.7	Br	r% wt.
	% Recovery	(distillation)	% w		% wt.
		(calculated)			% wt.
	$_{\%}$ Phase Info	ormation: <u>_0</u> 1	NE PHASE, TAN	P	% wt.
	/o			·	
	% Additional	Analytical Int	ormation:		
	%	<u></u>			
	% ———				
Total 100 (%				
Determinations reported above were chosen	based on the same	ole matrix and po	otential recycling/dispo	sition options	for the waste.
M. a. a. a. L. Si ta	5/19/8	7 (1.	Green Appropriate		
Chemist Signature	Completion Date	Operati	ons Approval	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		Оролас	ons reprojer	****	2010
CORPORATE REVIEW	Hanumy.			Quality	
	er 5126/87	Transportatio	on Myo 526-87		MUD 5-27-87
Safety-Kleen hereby warrants that the waste					
facility(s) checked below and that said facilit					
all hazards associated with the waste have b					
change so as to render the attached Survey	and sample s	ubmitted to S	arety-Kieen nonre	presentativ	e.
☐ Conditional Approval (See Attached)	-	i i		Please note shipment ma	this approval no. on all
hike John		5-2	7-87	Sinpriori in	9696
Signature		Date		Approval N	lo.
IP New Castle, KY. P Dolton, IL	☐ Mana	ati, PR	☐ Clarksville, I	МО	☐ Elgin, IL
KYD053348108 ILD98061391	i3 PRD	090399718	MOD029729	9688	ILD000805911
☐ Clayton, NJ ☐ Denton, TX	☐ Chica		☐ Hebron, OH		☐ Lexington, SC
NJD069039626 TXD0776033	71 ILDO	05450697	OHD980587	364	SCD077995488
☐ Reedley, CA	•				
CAD093459485					

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

Designated

Y-KIEAN ENVIROSY ETA ID NO.

12098061391

Facility:

633 EAST 13814 ST

DOLTON, 12 GOH19

Under manifest number 12 1655525 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator is hereby providing notice that the waste is restricted and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

Constituent N-Butul Alcohol Kerne Treatment Standard ppm ppm 1.12 ppm

Use reverse side

for additional constituents

The constituent compositions based upon (\times) attached data or (\cdot) knowledge of the waste.

TABLE COWE - CONSTITUENT IN WASTE EXTRACT

F001-F005 spent solvents	Concentration (in ring/l) Wastewaters containing spent solvents	All other spent solvent wastes
Acetone	0.05	0.59
n-Butyl alcohol	5.0	5.0
Carbon disulfida	1.05	4.81
Carbon tetrachloride	.05	.98
Chlorobenzane	.15	.05
Cresols (and cresylic acid)	2.82	.75
Dyclohexamone,	.125	.75
1,2 - dichlorobenzene	.68	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	05	75
sobutand	5.0	5.0
Methanol	.25	.75
Methylene chloride	. 20	.96
Methylene chloride (from the pharmaceutical Industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Tokuene	1.12	0.33
1.1.1 - Trichloroethane	1.05	0.43
1.2,2 - Trichloro - 1,2,2 trifuroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

		EPA	
Generator name CATEBPILL	AR INC	ID#:/ <i>L</i> _/	98050,3080
Generator representative signatu	re On behali	of Chr Inc	12 Kantreer
Name & Title of representative	NL KANTA	VER - HAZ MA	OT ANALYST
(print or type)			

1 1 JAN 1988 5HE-12

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Ms. Nancy Kantner Caterpillar Inc. Rt 6 Channahon Road Joliet, Illinois 60434

> Re: Notice of Violation Caterpillar Inc. ILD 005 070 537

Dear Ms. Kantner:

On June 25, 1987, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency (U.S. EPA), conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the compliance status of your facility with respect to the applicable hazardous waste management requirements of RCRA, including the land disposal restrictions of certain spent solvents. The land disposal restrictions became effective on November 8, 1986, (reference 51 Federal Register 40636: 40 CFR Part 268, and revisions to 40 CFR Parts 260-265 and 270).

With respect to the land disposal requirements section of the inspection, your facility was found to be in violation of certain land disposal requirements as noted below:

- 1. Failure to notify in writing for each shipment of F-Series Solvent wastes the applicable treatment standard and waste analysis data as required by 268.7(a)(1).
- 2. Failure to revise waste analysis plan to include 40 CFR Part 268 in accordance with Section 265.13.

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this Notice of Violation, documentation demonstrating that the above-cited violations have been corrected and indicating what measures have been initiated to assure future compliance. Failure to correct the violation(s) may subject the facility to further Federal enforcement action.

If you have any questions regarding this correspondence, please contact Barbara Russell of my staff at (312) 353-7922.

Sincerely yours,

William E. Muno, Chief RCRA Enforcement Section

Enclosure

cc: Harry Chappel, IEPA Glenn Savage, IEPA

bcc: Paul Dimock



P-487 467 811

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED

153-506	Strapt and No.	nes In Road	0
J.S.G.P.O. 153-506	Poliet, De 60;		AIL
)		.54	h
d	Certified Fee	N	0
41-0110	Special Delivery Fee		1
0	Restricted Delivery Fee		1
	Return Receipt showing to whorn and Date Delivered	70	7
e 196	Return Receipt showing to whom Date, and Address of Derivery	000	1
dun	TOTAL Postage and Fees	2,01	4
Form 3800, June 1985	Postmark or Date	80/1	K
Form		US:	15
S	The same of the sa		

SENDER: Complete items 1 and 2 when addition	
Put your address in the "RETURN TO" space on th card from being returned to you. <u>The return receipt</u> delivered to and the date of delivery. For additional postmaster for fees and check box(es) for additional	fee will provide you the name of the person fees the following services are available. Consult
 Show to whom delivered, date, and addressee 	's address. 2. Restricted Delivery.
3. Article Addressed to:	4. Article Number P487467811
MS. NANCY KANTNER	Type of Service:
CATERPILLAR INC.	Registered Insured
RT 6 CHANNAHON ROAD JOLIET, IL 60434	Certified COD Express Mail
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X Compalled A	
7. Date of Delivery JAN 14	1920
Form 3811, Feb. 1986	DOMESTIC RETURN RECEI



CATERPILLAR TRACTOR CO.

RECEIVED FEB 21 1985

Joliet, Illinois 60434 February 19, 1985

Valdas Adamkus EPA Regional Administrator 230 S. Dearborn Chicago, IL 60604

Sir:

RE: Exception Report for Enclosed Manifest, IL 1139351

This nonhazardous load of grinds and fines (Authorization #832067) is frozen and cannot be unloaded. The container is currently at the Banner yard and will be unloaded when the weather permits.

Yours truly,

, co i jyroche c

Hazardous Materials Analyst

NLKantner Purchasing (815) 729-5740 dlj

cc: Illinois EPA/Division of Land Pollution Control
Banner/Western Disposal Co./Div. of Waste Management, Inc

2200 CF" "CHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6"

IL532-0610

LPC 62 8/81

or's Name and Mailing Address P.O. Box 504 Lilinois 729-5721 refer 1 Company Name P.O. Dox 504 Prefer 2 Company Name Refer 2 Company Name Refer 2 Company Name Refer 3 Section 1 Refer 1 Refer 2 Refer	ECT (SOLID)	₫ 2 r	B.Illing Ger ID C.Illin D(S Elline Fac ID H.Fac (81) Type	perator's 1 9 ois Tranporter's 19 725-420 ois Transporter's 1 9 ois Transporter's 1 9 oility's 1 9 ility's Phone 5) 741-071 13. Total	351 70 ID Tra S ID Tra 7 A 144. Unit WirVol	Authorizatio EPA HW I Authorizatio EPA HW I Authorizatio EPA HW I Authorizatio EPA HW I Authorizatio
rter 1 Company Name Project Of Sposal rter 2 Company Name ted Facility Name and Site Address Inc. Township Hound Rd Inc. The Hard Rd	8. US EPA ID Numbe 10. US EPA ID Number Hazard Class, and ID Number)	12.Cor	ID Cilling D(S Elling Fac ID HFac (S1) Type	ois Tranporter's 19 725-420 ois Transporter's is Transporter's is Transporter's is Transporter's is Transporter's 1 9 ois Transporter's 1 3 Total Quantity O 10 10 11 15	ID Tras ID	Waste EPA HW I Authorizatio EPA HW I Authorizatio EPA HW I Authorizatio Authorizatio
rter 2 Company Name ted Facility Name and Site Address Inc. Township Hound Rd 1 111nois 60436 OT Description (Including Proper Shipping Name RON-HAZARDOUS A FINOS FLOOR SWEEPINGS & DUST COLL al Handling Instructions and Additional Information	8. US EPA ID Numbe 10. US EPA ID Number Hazard Class, and ID Number)	12.Cor	D(SEMinor File Control of Control	15 725-420 play Transporter's play to be still the still	Tras ID Tras I	Authorization Authorization EPA HW I Authorization EPA HW I Authorization EPA HW I Authorization LEPA HW I Authorization
ted Facility Name and Site Address Inc. Township Hound Rd Including Proper Shipping Name CON-HAZARDOUS ADDRESS A FINOS FLOOR SWEEPINGS & DUST COLL OF HANDING Instructions and Additional Information	8. US EPA ID Numbe 10. US EPA ID Numbe a, Hazard Class, and ID Number)	12.Cor	Ellind F.(G.Illind Face (81) H.Face (81) Type	ois Transporters) ois sility's 1 9 ility's Phone 5) 741-07: 13. Total Quantity 0 0 1 1 5	7 A Tra	Authorization Authorization EPA HW I Authorization EPA HW I Authorization EPA HW I Authorization LEPA HW I Authorization
Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	10. US EPA ID Number	12.Cor	F.(G.Illin Fac ID H.Fac (81 Type	ois ility's 1 9 ility's Phone 5) 741-07: 13. Total Quantity 0 0 0 15	7 A 14. Unit Wt/Vol	Waste EPA HW N
Inc. Fownship , Hound Rd IIIInois 60436 OT Description (Including Proper Shipping Name ROH-HAZARDOUS ROH-HAZARDOUS A PINOS A FINOS FLOOR SWEEPINGS & DUST COLL A Handling Instructions and Additional Information	ECT (SOLID)	12.Cor	Gillin Fac ID HFac (81) HFac (81) Ttainers Type	ility's 19 ility's Phone 5) 741-973 13. Total Quantity 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 A 14. Unit Wt/Vol	Waste EPA HW N
Inc. Fownship , Hound Rd IIIInois 60436 OT Description (Including Proper Shipping Name ROH-HAZARDOUS ROH-HAZARDOUS A PINOS A FINOS FLOOR SWEEPINGS & DUST COLL A Handling Instructions and Additional Information	ECT (SOLID)	No.	ID HEac (81) Type	ility's Phone 5) 741-07. 13. Total Quantity 0 0 0 1 1 5	14. Unit Wt/Vol	Authorization Authorization Authorization EPA HW / Authorization EPA HW / Authorization Authorization Authorization Authorization Authorization
CT Description (Including Proper Shipping Name NON-HAZARDOUS ADDITIONS OF Materials Listed Above GRINDS & FINDS FLOOR SNEEPINGS & DUST COLL All Handling Instructions and Additional Information	ECT (SOLID)	No.	(81) Intainers Type	741-073 13. Total Quantity	14. Unit Wit/Vol	Authorization Authorization EPA HW 1 Authorization L
NON-HAZARDOUS ACT Description (Including Proper Shipping Name NON-HAZARDOUS ACT Descriptions for Materials Listed Above GRINDS & FINOS FLOOR SHEEPINGS & DUST COLL ALL Handling Instructions and Additional Information	ECT (SOLID)	No.	Type	13. Total Quantity	14. Unit Wit/Vol	Authorization Authorization EPA HW 1 Authorization L
RON-HAZARDOUS All Descriptions for Materials Listed Above GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information	ECT (SOLID)	No.	Type	Total Quantity	Unit Wt/Vol	Authorization Authorization EPA HW 1 Authorization L
al Descriptions for Materials Listed Above GRINOS & FINOS FLOOR SWEEPINGS & DUST COLL			C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2	Authorization Authorization EEA HW 1 Authorization ETA HW 1 Authorization ETA HW 1 Authorization
al Descriptions for Materials Listed Above GRINOS & FINOS FLOOR SWEEPINGS & DUST COLL		20.1	K. Ha	indling Codes for	or Waste	Authorizatio Authorizatio EPA HW 1 EPA HW 1 EPA HW 1 EPA HW 1 Authorizatio CPA HW 1 Authorizatio
al Descriptions for Materials Listed Above GRINOS & FINOS FLOOR SWEEPINGS & DUST COLL		20.1	K. Ha	indling Codes for	or Waste	Authorizatio EPA HW / Authorizatio EPA HW / Authorizatio
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been a company of	Authorizatio EPA HW / Authorizatio EPA HW / Authorizatio
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been a company of	EPA HWA Authorizatio EPA HWA EPA HWA Authorizatio
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	EPA HW I Authorization EPA HW I Authorization EPA HW I Authorization
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	EPA HW P
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	EPA HW I
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	Authorizatio
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	1111
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	es Listed AL
GRINDS & FINOS FLOOR SWEEPINGS & DUST COLL All Handling Instructions and Additional Information			350 000 0000000000000000000000000000000	Committee of the Commit	You have been been been been been been been be	
· ·	n		- 2	a CURIA A CARACTER		g Francis
			7			San Time to
n de la saint de la companya de la c La companya de la co	ates and			,1		
RATOR'S CERTIFICATION: I hereby declare the by proper shipping name and are classified, pa	icked, marked, and labeled, and a	are in all r	espects	in proper cond	ition	
	national and national government			- minors regulati	UI 13.	Da
i/Typed Name	Signature	1.5/	Pi	H. H.	منہ وا	Month D
	ials	" It may have my	34 - × 1	<u> </u>	1.54	<u>r·</u> Da
d/Typed Name	Signature	*		, f		Month D
Jerry Blackwell	ر بن بن المنظم المن المنظم المنظم المنظ	· · · · · ·		1		1 2
orter 2 Acknowledgement or Receipt of Materia						Da
I/Typed Name	Signature			•		Month D
pancy Indication Space						
y Owner or Operator: Certification of receipt of	of hazardous materials covered l	by this m	anifest	except as note	ed in	
9.						Da
	Typed Name Chard Hoffman	Typed Name Chard Lieffman Inter 1 Acknowledgement of Receipt of Materials Typed Name Signature Signature Signature Signature Signature Signature Signature Owner or Operator: Certification of receipt of hazardous materials covered	Typed Name Chard Hoffman	Typed Name Chard Hoffman Ichard Hoffman	Typed Name Chard Hoffman Signature Signature	rter 1 Acknowledgement of Receipt of Materials Typed Name Signature Jerry Blackwell rter 2 Acknowledgement or Receipt of Materials Typed Name Signature Signature Signature Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in

Determination: NFA

Facility Name: Caterpillar Tractor

PA/VSI Or RFA FILE REVIEW CHECKLIST

EPA	ID: IL	D 005 (O70 537 City: 2200 Channahon Rd Joliet, Will Co State: IL_
Nam	e of Re	eviewer	Maureen McHugh Date of Review: 8/14/08
1	Yes	No	Is this a one folder site?
2	Yes	No	Are there Superfund files for this site?
3	Yes	No	Did you Read the Executive Summary?
			There are: SWMUs and AOCs at this site.
4	Yes	Nō	Did you review the regulatory history?
5	Yes	No	Does the facility have interim status or a permit?
			This facility is a: SQG,X LQG, or Less than 90 day.
6	Yes	No	Was the Facility closed per RCRA? RCRAInfo 380 (1994)
		00 00 kg 00 00 60 00	If Yes, was the closure:X CC, or CIP.
7	Yes	Ne	Are there documented (historical) releases? Briefly describe on Page 2.
8	Yes	No	Were there releases identified during the inspection? Briefly describe on Page 2.
9	Yes	No	Do you agree with the Conclusions and Recommendations?
			If No, briefly describe on Page 2.
and evid	X_No any other ence of Fur ivestiga MU or A	further over SWM releases ther Act tion that	eview of the PA/VSI or RFA file, please classify this site as: corrective action recommended or warranted: These are sites that closed the regulated units Us or AOCs at the site did not warrant any further corrective action (no historic releases or observed during the Visual Site Inspection). ion Required: Soil or sediment sampling or groundwater sampling or monitoring or any type was recommended in the report in response to a documented or observed release at any where such investigation, whether being addressed during the inspection or after, does not documentation in the facility record files.
	Mo	re Inforr	nation Needed: There is no RFA, PA/VSI or RCRA closure information available.

PA/VSI Or RFA FILE REVIEW CHECKLIST

Notes
The site has a landfill with no known liner or diversion system and it contains an estimated 140 drums of toxic waste buried on site. Potential for leaching of contaminants into groundwater and surface water. Groundwater is used as a drinking water source. Groundwater sampling scores warranted at this site according to IEPA letter
Briefly describe any documented (historical) releases for any SWMU or AOC recorded in the report. For each release,
please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release.
Briefly describe any releases observed during the inspection for any SWMU or AOC recorded in the report. For each release, please identify the SWMU or AOC and a one or two line description of release. PA/VSI Recommendations
PA/VSI Recommendations
PA/VSI Recommendations Superfund NFRAP
PA/VSI Recommendations
PA/VSI Recommendations Superfund NFRAP States Site Unit Status: Completed.
PA/VSI Recommendations Superfund NFRAP States Site Unit Status: Completed.

: CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

ACILITY NAME:	Caterpillar	Inc,	197045002	.8			ė.
A I.D. NUMBER: _	ILD 00507053	37					
CATION CITY:	Rt. 6, Jolie	et		e-			
ATE:IL							
facility? NOT	of the following E - <u>DO NOT INCLUD</u> ART B APPLICATION	E HAZARD	OUS WASTES U	ITS CURRE	NTLY IDEN	TIFIED	ed) at your IN THE PART A
		YES	:	NO	ľ		
Landfill Surface Impoundm Land Farm		?		<u> </u>	= '	1	
Waste Pile Incinerator Storage Tank (Ab		7	in when it is	$\frac{\overline{x}}{x}$			
Storage Tank (Un Container Storag Injection Wells Wastewater Treat	derground) e Area	Ξ	in the second	x x	= '	3 . ≠ 8.	
Transfer Station Waste Recycling Waste Treatment. Other	Operations	=		.x .x .x			<u>.</u>
of the wastes focus on wheth constituents u disposed on an include capaci Project u	yes" answers to a that were stored, er or not the was nder RCRA. Also d the dates of di ty, dimensions, l underway with	treated tes woul include sposal. ocation M. Nier	or disposed d be conside any availabl Please also at facility, nkerk of t	of in ear red as has e data on provide provide	ch unit. zardous w quantiti a descrip a site pl	In part astes or es or vo tion of an if av	icular, please hazardous plume of wastes each unit and vailable.
I.E.P.A.	to study abov	e site					-
					N 9-8	9	
						-	

3. For the units noted in Number 1 above and also those hazardous waste units identified in your Part A, Part B or any closure plan, please describe (for each unit) any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or that may still be occurring.

RECEIVED
DEC 0 7 1989
IEPA-DLPC

Other (please explain)	ty desires to pursue this alternative.
t the documents which accompany this sul	bmittal
Release Certification 5/29/88	3 Pages
List of Permits	2 Pages
Plant Site, Drawing 1	
Area Map, Drawing 2	1 Page
Attachment 1	•
	•
·	

information form being submitted.

VI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my kowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

John M. Barrowman

Plant Manager

JM:mab/514j/sp/1-3

A. Air

72111537 Paint Booth 73020143 Boiler 73031765 Gas Fired Heaters Gas Fired Machine Tools 73031767 73031794 Fugitive Dust Control Equipment 73060396 Chrome Plating Bldg. E 73070008 Chrome Plating MJ3505 & 3506 73100017 Shot Blast 74010115 Burr & Glass Bead Operation 74010116 MJ5841 Package Line Paint Booth C-5-K 74020021 MJ5862 Casting Paint Booth 75080224 Boilers 1 and 2 81030007 Chrome Plating, HX279, HX280, HX281 86100017 Automotive Fuel Tanks 86100055 Propane Storage Tank 86100076 No Carb Paint Booth 87100074 Waste Water Treatment Chemical & Bulk Tanks B8710005 Burning Permit for Fire Training

B. Waste Disposal

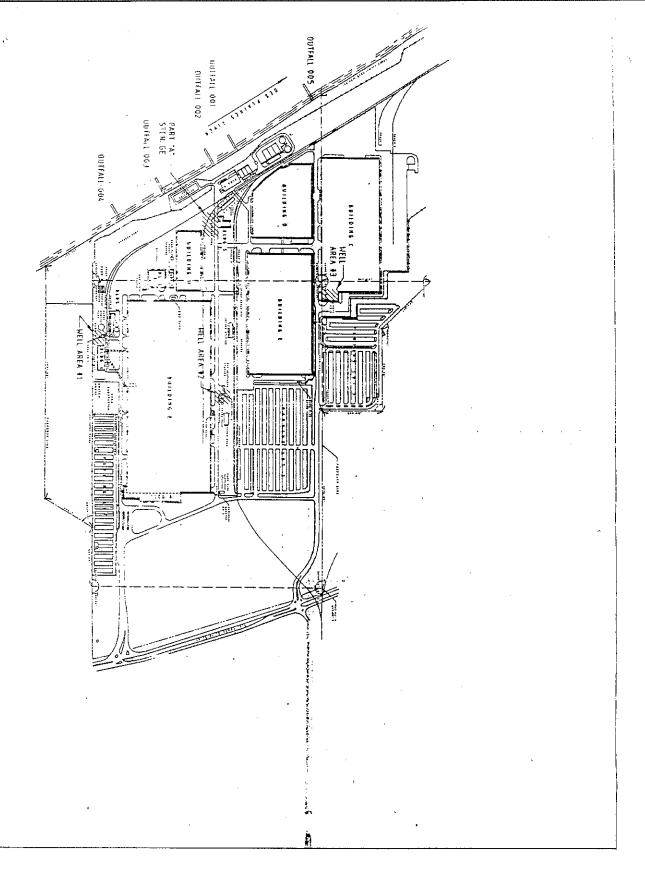
782145 Non Flammable Paint Sludge 812321 Grinds, Fines, and Floor Sweepings 820125 Lap Silt Solids Lap Silt Solids 820939 822783 Non Flammable Paint Sludge 831305 Waste Water Treatment Sludge Waste Water Treatment Sludge 831439 831948 Scrubber Sludge 832067 Grinds, Fines, and Floor Sweepings 840262 Cinders 841478 Scrubber Sludge 841479 Scrubber Sludge 850967 Non Flammable Paint Sludge 870713 Waste Water Treatment Sludge 870759 Scrubber Sludge 870802 Scrubber Sludge 870837 Scrubber Sludge 880105 Lap Silt Solid 921765 Spent Solvents 940155 Waste Oil 950420 Waste Oil 960715 Nickel Plating Solution 995470 Alkaline Cleaner with Chrome 995951 Waste Oil

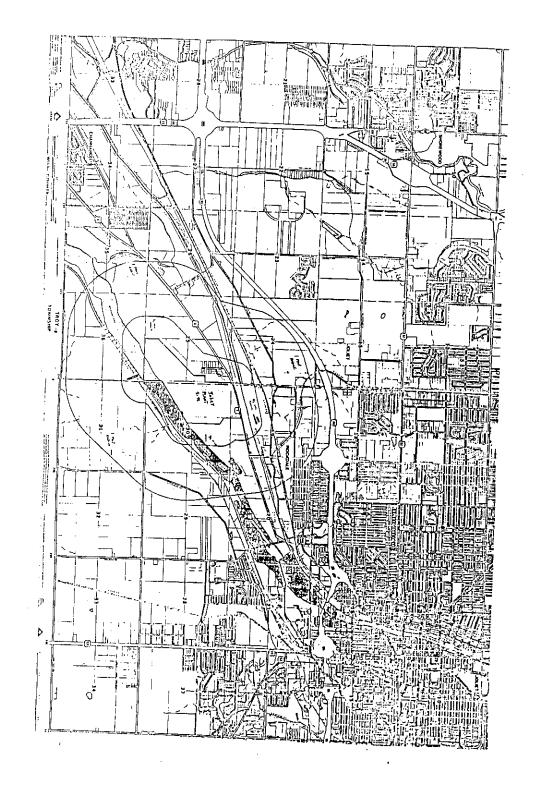
NOTE 1: Many of these permits are backup in that they are used if the primary disposal firm is unable to receive waste.

NOTE 2: Additional General Permits from Chemclear, Envirite, and Safety Kleen are not included since they are not in Caterpillar's name.

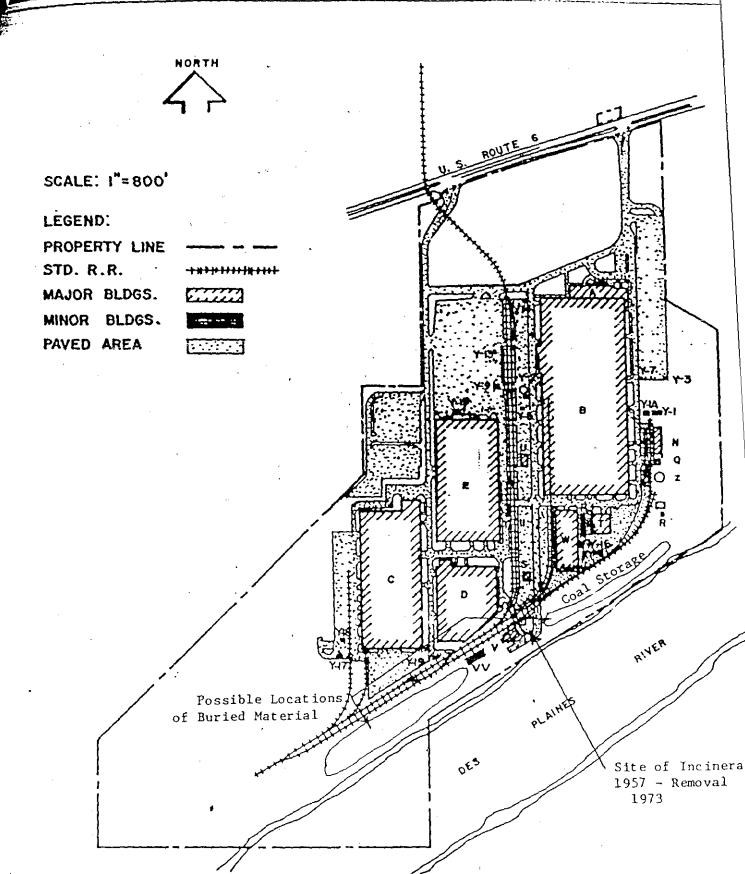
C. N.P.D.E.S. Permit IL0001732

bc/permits.gk





_~



TITLE

PLANT DATA SHEET

PAGE | OF

ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

Est. 100 drums kolene sludge

Est. 10 drums chromic acid sludge

Est. 20 drums paint sludge

Est. 2 kolene pots

This material totals about 7,400 gallons.

These materials were never analyzed prior to disposal but it is possible they could have been corrosive or E.P. toxic.

In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

FACILITY NAME:	Caterpillar Tractor			11
EPA I.D. NUMBER:	ILD 980503080			
LOCATION CITY:	2700 McDonough St.,	Joliet		
STATE:	Illinois			
closed) at your	of the following solid facility? NOTE - DO I IN YOUR PART A APPLI	NOT INCLUDE HAZ	ent units (exis ZARDOUS WASTE (sting or JNITS
 Storage Tank Container St Injection We Wastewater T Transfer Sta Waste Recycl 	(Above Ground) (Underground) orage Area ells Treatment Units	YES	NO X X X X X X X X X	
provide a descr of in each unit would be consid RCRA. Also ind disposed of and of each unit ar	Yes" answers to any oription of the wastes t. In particular, placed as hazardous was clude any available di the dates of disposed include capacity, plan if available.	that were storease focus on wastes or hazardo ata on quantiti	ed, treated or hether or not us constituent es or volume o	disposed the wastes s under of wastes scription
,				

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

in abl	the units noted in Number 1 above and also those hazardous waste units your Part A application, please describe for each unit any data availe on any prior or current releases of hazardous wastes or constituents the environment that may have occurred in the past or may still be curring.
Ple	ease provide the following information
a. b. c. d.	
	No Known Releases
_	
tha	
tha	at exists as a result of such releases. Please focus on concentrations of
tha	at exists as a result of such releases. Please focus on concentrations of cardous wastes or constituents present in contaminated soil or groundwate
tha	at exists as a result of such releases. Please focus on concentrations of cardous wastes or constituents present in contaminated soil or groundwate
tha	at exists as a result of such releases. Please focus on concentrations of cardous wastes or constituents present in contaminated soil or groundwate
I copredes the who the trutie and	ertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system signed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons or manage the system, or those persons directly responsible for gathering e information, the submittal is, to the best of my knowledge and belief,
I copredes the who the true tand 40	tertify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system signed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons or manage the system, or those persons directly responsible for gathering information, the submittal is, to the best of my knowledge and belief, ue, accurate, and complete. I am aware that there are significant penales for submitting false information, including the possibility of fine d imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and CFR 270.11(d))
I copredes the who the true tand 40	No Known Releases Secretify under penalty of law that this document and all attachments were epared under my direction or supervision in accordance with a system signed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons or manage the system, or those persons directly responsible for gathering information, the submittal is, to the best of my knowledge and belief, ue, accurate, and complete. I am aware that there are significant penales for submitting false information, including the possibility of fine d imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and CFR 270.11(d))

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS

FACILITY NAME:	Caterpillar Tractor Co.
EPA I.D. NUMBER:	ILD 005070537
LOCATION CITY:	U.S. Route 6, P.O. Box 504, Joliet
STATE:	Illinois
closed) at yo	of the following solid waste management units (existing or ur facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS WN IN YOUR PART A APPLICATION
	YES NO
Storage Ta Container Injection Wastewater Transfer S Waste Recy Waste Trea Other	r nk (Above Ground) Nk (Underground) Storage Area Wells Treatment Units tations cling Operations tment, Detoxification "Yes" answers to any of the items in Number 1 above, please
provide a des of in each un would be cons RCRA. Also i disposed of a of each unit	cription of the wastes that were stored, treated or disposed it. In particular, please focus on whether or not the wastes idered as hazardous wastes or hazardous constituents under nclude any available data on quantities or volume of wastes and the dates of disposal. Please also provide a description and include capacity, dimensions and location at facility. The plan if available.
Not Applicat	ole
,	5 6

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

able to i	e on any pric	r or curren	t releases	of hazarde	each unit an	y data avail- constituents
Plea	ase provide t	he followin	g informat	ion		
	Quantity or	e released volume of w ure of rele			erflow, ruptu	red pipe
-	No Known Re	leases	0 0		V 0	
	7. H 15.	8		s " " "		
			SYTES AND TO SECURE PLANE			
-			// Vi	11.		
	t exists as a	ribe the na result of	iture and e such relea	ses. Plea	nvironmental se focus on c	concentrations
	t exists as a	ribe the na result of or constit	iture and e such relea	xtent of e ses. Plea	nvironmental se focus on c	contamination concentrations il or groundwat
	t exists as a ardous wastes	ribe the na result of or constit	iture and e such relea	xtent of e ses. Plea	nvironmental se focus on c	concentrations
I copredes the who the true tie and	ertify under pared under migned to assuinformation manage the information e, accurate, s for submitted	penalty of y direction submitted. ystem, or to and completing false in for knowing the completion of the submitted.	law that to or supervalified per Based on those persontal is, to te. I am a information	his docume ision in a sonnel promy inquiry ns directl the best ware that, includin	nvironmental se focus on c taminated soi nt and all at ccordance wit perly gather of the perso y responsible of my knowled	ttachments were tha system and evaluate on or persons e for gathering dge and belief gnificant pena ility of fine
I copredes the who the true tie and 40	retify under manage the sinformation manage the sinformation e, accurate, s for submitting the submitting of the submitted of the	penalty of the submitted. System, or to the submitted and complete ing false in for knowing.	law that to or supervalified per Based on those person tal is, to tell information of the control of the contro	his docume ision in a sonnel promy inquiry ns directl the best ware that, includin	nvironmental se focus on c taminated soi nt and all at ccordance wit perly gather of the perso y responsible of my knowled there are sig g the possible	ttachments were tha system and evaluate on or persons e for gathering dge and belief gnificant pena ility of fine
I copredes the who the true tie and 40	retify under manage the sinformation manage the sinformation e, accurate, s for submitting the submitting of the submitted of the	penalty of my direction re that quasubmitted. The submit and complete ing false in for knowing.	law that to or supervalified per Based on those person tal is, to tell information of the control of the contro	his docume ision in a sonnel promy inquiry ns directl the best ware that, includin	nvironmental se focus on c taminated soi nt and all at ccordance wit perly gather of the perso y responsible of my knowled there are sig g the possible	ttachments were tha system and evaluate on or persons e for gathering dge and belief gnificant pena ility of fine

SOLID WASTE MANAGEMENT UNITS

Caterpillar Tractor Co.

FACILITY NAME:	Caterpillar Tractor Co.
PA I.D. NUMBER: _	ILD005 <mark>070</mark> 537
OCATION CITY: _	U.S. Route 6, P. O. Box 504, Joliet
STATE:	Illinois
closed) at your	the following solid waste management units (existing or facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS IN YOUR PART A APPLICATION
Storage Tank Container Storage Injection We Wastewater T Transfer Star Waste Recycl Waste Treatm Other	(Above Ground) (Underground) orage Area Ils reatment Units tions ing Operations ent, Detoxification
provide a descr of in each unit would be consid RCRA. Also ind disposed of and of each unit ar	es" answers to any of the items in Number 1 above, please iption of the wastes that were stored, treated or disposed. In particular, please focus on whether or not the wastes lered as hazardous wastes or hazardous constituents under clude any available data on quantities or volume of wastes it he dates of disposal. Please also provide a description of include capacity, dimensions and location at facility. plan if available.
	See Attachment A
NOTE: Hazardo constit	us wastes are those identified in 40 CFR 261. Hazardous uents are those listed in Appendix VIII of 40 CFR Part 261.

in ab to	ole on any prior or current releas	ve and also those hazardous waste units describe for each unit any data avail- es of hazardous wastes or constituents curred in the past or may still be
P1	ease provide the following inform	ation
a. b. c. d.	Type of waste released Quantity or volume of waste rel	eased ., spill, overflow, ruptured pipe
	No known releases	
_		
		extent of environmental contamination
th	nat exists as a result of such rel	eases. Please focus on concentrations
th	nat exists as a result of such relizardous wastes or constituents pr	eases. Please focus on concentrations
I preth whitti and 40	No known releases No known releases No known releases Tepared under my direction or supersigned to assure that qualified processes that a complete and the system, or those permeter information, the submittal is, the submittal	this document and all attachments were ervision in accordance with a system ersonnel properly gather and evaluate on my inquiry of the person or persons sons directly responsible for gathering to the best of my knowledge and belief,
I preth whitti and 40	No known releases No known releases No known releases Tepared under penalty of law that repared under my direction or supersigned to assure that qualified processing the system, or those per ne information, the submittal is, rue, accurate, and complete. I amiles for submitting false information in the imprisonment for knowing violating imprisonment for knowing violating false information.	this document and all attachments were ervision in accordance with a system ersonnel properly gather and evaluate on my inquiry of the person or persons sons directly responsible for gathering to the best of my knowledge and belief, in aware that there are significant penalton, including the possibility of fine tions. (42 U.S.C. 6902 et seq. and
I preth whitti and 40	nat exists as a result of such relazardous wastes or constituents properties. No known releases No known releases The repared under my direction or supersigned to assure that qualified properties information submitted. Based on manage the system, or those permits information, the submittal is, the accurate, and complete. I amples for submitting false information of the submittal is, t	this document and all attachments were ervision in accordance with a system ersonnel properly gather and evaluate on my inquiry of the person or persons sons directly responsible for gathering to the best of my knowledge and belief, a aware that there are significant penalton, including the possibility of fine

ATTACHMENT A

The Joliet Plant was built in 1950. At that time, there were some low areas near the southern part of the lot. To fortify these low areas, there is a possibility that between 1951 to 1981 some wastes were land filled. See Attachment B for approximate locations of this fill. Although no formal records exist verifying that waste was disposed or disposed of in the area identified, older employees at the facility estimate the following materials may have been deposited there:

Est. 100 drums kolene sludge

Est. 10 drums chromic acid sludge

Est. 20 drums paint sludge

Est. 2 kolene pots

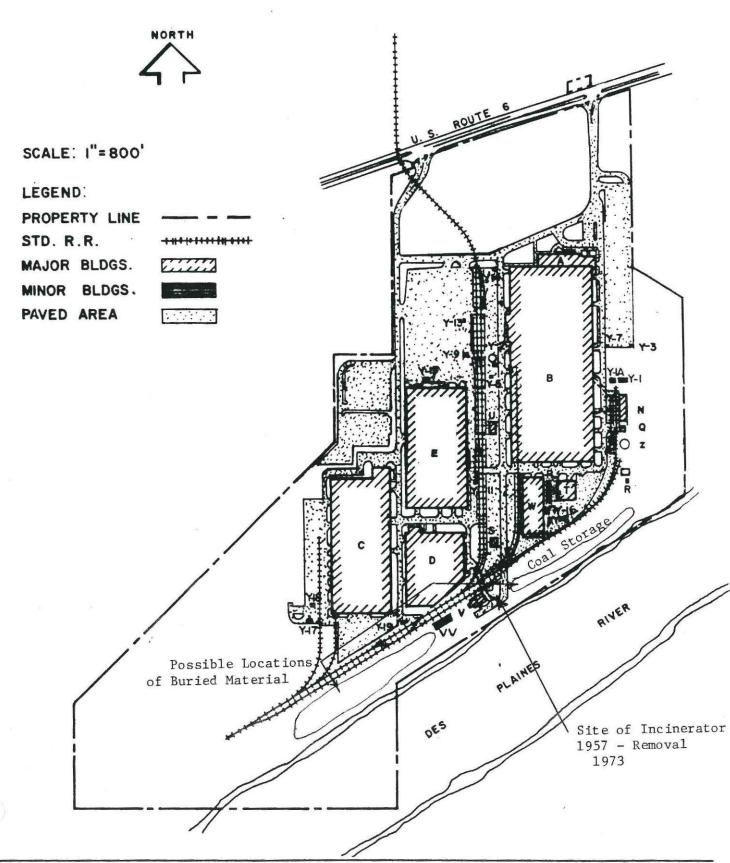
This material totals about 7,400 gallons.

These materials were never analyzed prior to disposal but it is possible they could have been corrosive or E.P. toxic.

In 1957 the plant constructed an incinerator to burn waste water treatment plant sludges. This incinerator was operated until 1973. At that time, the incinerator was demolished and a building constructed at that location. See Attachment B for incinerator location. We have no knowledge as to the characteristics or the volume of the incinerated material.

drb6136400

B5.110



TITLE

PLANT DATA SHEET JOLIET, ILLINOIS

PAGE | OF 5